



Reaching Out to Families: Head Start Recruitment and Enrollment Practices

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EXECUTIVE SUMMARY

"... are we finding them, those that need us most? I think we're trying hard to do that, but still, we're not exactly where we want to be."

Head Start Recruitment Staff

Overview

The Feasibility Study of Head Start Recruitment and Enrollment was designed to provide information about Head Start's recruitment and enrollment activities. The central purpose of the study was to determine the feasibility and utility of obtaining information from secondary analyses of existing data and from primary data collection efforts regarding 1) the procedures that Head Start programs employed in the recruitment and enrollment of families and children, 2) the characteristics of eligible families, and 3) the reasons why some families with Head Start-eligible children chose not to enroll their children in the program.

Rationale for the Study

Although Head Start's goal to serve one million children by the year 2002 is quite ambitious, the program would still reach significantly fewer than the estimated population of 1.6 million 3- and 4-year-old children living in poverty. While the number of children served by Head Start has increased, the program's ability to reach this goal in an age of changing social demands may be compromised without up-to-date information on eligible families. Recent Head Start research efforts inform us about the families Head Start is serving, but also prompt new questions: How does Head Start typically reach out to recruit and enroll families? Who are the eligible families and children missing from Head Start? How are these families and children different from enrolled families? What can be done so all eligible children needing services can benefit from the program?

Along with gaining knowledge about recruitment and enrollment activities, an important step in helping local programs meet their enrollment objectives is identifying the characteristics of the following four types of Head Start-eligible, but non-enrolled families:

- Families who are unaware of Head Start and/or are never actively recruited,
- Families who are aware of Head Start and have possibly been recruited, but never enroll,
- Families who enroll in Head Start but never attend, and
- Families who enroll and begin at Head Start, but then drop out early (during the first month) in the program year.

Description of the Project

Existing Data. This project involved several independent study activities. Existing data from Head Start -- the Family and Child Experiences Survey (FACES) and the Program Information Report (PIR) -- were examined. The FACES databases contained several sources of relevant information for this study. These included:

- Exit interviews conducted with parents of children who dropped out of Head Start during the program year,
- Interviews with Social Service Coordinators and Center Directors about

recruitment and enrollment efforts,

- Interviews with parents of currently enrolled Head Start children, and
- Interviews with community agency staff, focusing on collaboration with Head Start and service provision to low-income families.

Three large-scale extant national databases were also examined to determine what information might be available regarding numbers and characteristics of children eligible for Head Start and, to the extent possible, to compare characteristics of the families of enrolled and non-enrolled eligible children. These datasets were the National Longitudinal Survey of Youth (NLSY79), the Survey of Income and Program Participation (SIPP), and the Panel Survey of Income Dynamics (PSID).

Primary Data. A primary data collection in the fall of 1999 consisted of focus groups at nine Head Start sites across the country with staff from 11 of the Head Start FACES programs, and reviews of recruitment records and waiting lists from 9 of the 11 Head Start programs. In addition, focus groups with parents of children who were Head Start-eligible but not enrolled were completed in three communities. Based on what was learned from the fall data collection, individual interviews were completed in the spring of 2000 with a total of nine parents of eligible, non-enrolled children in two communities. These parent focus groups and interviews, while not a representative sample, provide an indication of questions and issues of interest.

The selection of individual Head Start programs was based on overall program size and representation of the original FACES sampling strata: region, urbanicity, and minority membership. At each of nine locations, two focus groups with staff were completed. The first involved administrative staff who were knowledgeable about their program's recruitment, enrollment and retention policies, and the second included field staff involved in recruitment and enrollment activities.¹⁰

The focus groups with staff covered program recruitment practices (timing and nature of community outreach approaches, description of recruitment staff, overlap of service areas, safety policies, cultural considerations, and referral agency contacts), program enrollment activities (timing of family contact, prioritization of risk factors, use of waiting lists, and enrollment notification), and retention policies and practices. The record reviews provided data on timing of initial contacts, demographics, and risk factors identified for children in the targeted groups. Finally, the parent focus groups provided information on non-enrolled parents' knowledge of the Head Start program, the reasons for not enrolling their children, and their general views on preschool programs in the area, including Head Start.

In two of the communities where Head Start parent focus groups were scheduled, a total of nine individual interviews was completed in the spring of 2000 with parents of Head Start-eligible children who were not enrolled in the program and who had never been contacted by Head Start in anyway. The purpose of these interviews was to test the feasibility of procedures for identifying and contacting such families independent of the Head Start program and to assess a preliminary version of a parent interview protocol. This interview was designed to gather information about the characteristics of eligible, non-enrolled families, their personal and environmental risk factors, their current use of child care, and their knowledge and perception of Head Start as well as reasons why they chose not to enroll their children in the program.

Discussion of Findings

Presented below is a summary discussion of key findings across the multiple data sources. In the Final Report, a comprehensive presentation of the study findings are found in Chapters 2 and 3, followed by a more detailed discussion in Chapter 4.

Head Start Recruitment Activities. The recruitment strategies identified by programs

were generally uniform across the focus group sites. Head Start staff reported that recruitment was an on-going, year-round process, with the most intense recruitment periods being spring and summer, a notion supported by the enrollment dates found in the record reviews. Although families applied throughout the calendar year, most did so during the few months prior to the beginning of the Head Start year. Many staff noted the use of formal recruitment activities, but recruitment was reported to occur anytime an appropriate opportunity arose. Under this philosophy, all staff persons were responsible for recruitment, even though the great majority of the recruitment efforts were actually handled by the field staff.

Head Start staff, particularly the field staff, reported that while they tried to target the “neediest of the needy,” these recruitment efforts were not always successful. Sometimes they recruited eligible, less needy families to ensure that the program met its targeted enrollment by specified dates. During recruitment, the field staff often met with families to assist in the completion of applications, to observe the areas of family need, and to review appropriate documentation for the verification of income. However, field staff reported that they sometimes encountered families with serious needs who may not qualify for Head Start under the program’s income eligibility guidelines (i.e., they are not below the Federal Poverty Level). In such cases, staff reported they have accepted information from these families without full verification or they have taken an older (and acceptable) piece of documentation to assure that the families appeared income-eligible. Staff admitted that they occasionally “bend the rules” to meet enrollment targets or, more importantly, to help families whom they believed were in need of Head Start services. Although Head Start regulations allow local programs to have up to 10% of their enrollment be over-income, the tone of the staff discussion suggested they felt they were not following standard policy.

“The working poor. The ones that make too much money to get in to qualify for Head Start, but are desperately poor and need the services. They fall between the cracks. They don’t qualify for everything. And that is a large, large group that desperately needs to be served, and they’re not. If they meet the free lunch guideline, we should be able to put them in Head Start.”

–Head Start staff

It was noted that Head Start staff encountered barriers to their recruitment activities, including misconceptions about Head Start (who is eligible, what the program offers), the presence of alternative services (public preschool, subsidized child care), and an inability on the part of the program itself (lack of physical space, transportation, specialized staff, or funding for expanded program hours) to reach or serve some families. Staff also struggled with family mobility within and out of the service area and changes in the cultural or ethnic make-up of the target population. In general, the recruitment activities across the participating programs showed that Head Start staff were trying to make inroads into the communities of families that needed them most, but they were not always able to serve these families. What Head Start staff did bring to the effort to combat these barriers was the passionate belief that the program provides a superior service for children and families, and the willingness to go to considerable lengths to bring needy families into the program.

Head Start Enrollment Activities. There was little consistency across programs in the actual process of selecting families, with the final decision for selecting families for enrollment left to an individual or to a committee, depending on the program. All programs assessed family need by using predetermined eligibility risk factors that reflected the needs or risks of the individual communities. In most cases, these risk factors carried assigned point values that were summed to generate a priority score for each family. The higher the score, the greater the risk for that family and the more likely they were to be enrolled in the program. However, even after objective priority scores were

determined, most programs allowed the recruitment staff to advocate for any families they thought would benefit from the program.

“I have a hard time keeping a waiting list because of day care. Because when you need day care, you need it now. You can’t be on anybody’s waiting list... they can’t wait two months until we actually open. They found other things.”

– *Head Start staff*

As available classroom slots were filled, the remaining families were placed on waiting lists. Unfortunately, the use of waiting lists was somewhat frustrating for staff. Data from the PIR points to the need for programs to maintain waiting lists, based on the number of families that typically dropped out of programs during the course of a year. The FACES staff interviews offered evidence of great variation

in the size of these waiting lists, both across and within programs. In the focus groups, however, Head Start staff suggested that many families who were put on the waiting list would never actually enter the program. Typically, if these families were even contacted, many had already placed their children in alternate sources of care because they were not able to wait for an opening in Head Start.

Head Start Retention Activities. Beyond recruitment and enrollment activities, staff also encountered families who enrolled and/or started the program, but then chose to withdraw. A review of the focus group data found that programs responded to these families in similar ways, usually with formal and informal methods of contact after a child had a series of consecutive, unexplained absences. Staff reported that families left Head Start for a variety of reasons, including family moves, problematic family situations that precluded the family from getting the child to the program (domestic problems, substance abuse, mental illness, or lack of motivation, organizational skills, or coping skills), the failure of Head Start to offer certain needed services (full-day care), separation issues for parents with young children, and transportation difficulties. The FACES exit interviews and the parent focus groups had similar reports, and also provided some evidence of dissatisfaction with the local Head Start programs. Staff indicated that they worked hard to retain families whenever possible, and that by working with these families on problem solving and creating solutions, Head Start often became more attractive and viable.

“We call the family and if they say ‘well, the weather is bad and my child doesn’t have any boots’ ... it’s up to us to get some so they can continue bringing their child to school.”

--*Head Start staff*

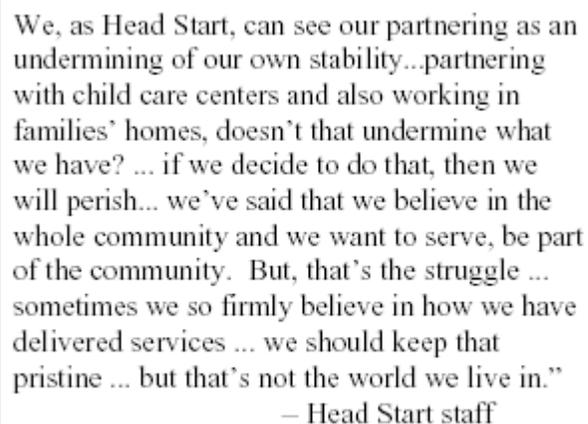
Perceptions of Head Start. One area having significant impact on recruitment, enrollment, and retention was the local perception of the Head Start program. While community agency staff generally reported cooperative relations with Head Start, there were some reports by agency staff of difficulties in communication and collaboration with Head Start. Less than one half of the agencies contacted indicated that they regularly made referrals to Head Start, while almost two thirds took referrals from Head Start.

Some parents reported concerns about the perceived quality of a Head Start education. In at least one location, parents and staff reported that being a “Head Start kid” was a negative label in their local schools. Some parents had the view that Head Start sacrificed education for socialization, while some Head Start staff felt they were viewed in the community as unqualified educators or glorified babysitters. The presence of other misconceptions about the program was supported through the parents’ responses during their individual interviews. Misconceptions were as simple as thinking that Head Start was

a program that served only working families, children with behavioral problems, minorities, or disabled children. Community consciousness-raising about Head Start was discussed by some staff in their focus groups as a method that would improve the image of Head Start in the community and help bring families from the target population into the program.

Identifying Characteristics of Eligible, Unserved Families. The exercise of reviewing national datasets for information on enrolled and non-enrolled Head Start-eligible families did not yield many conclusive findings. While the depth of information on eligible families was slim, one conclusion was clear: All the relevant national data sources confirmed that there have been large numbers of Head Start-eligible families who were not enrolled in the program. This notion was supported by local staff who acknowledged that pockets of eligible, unserved families existed in their service areas, even if their program areas were considered to be 'fully served.'

Staff also suggested that unserved families in their communities may be those who lacked the necessary knowledge or means to access the local child and social service networks, as well as families who simply chose not to use services of any sort, Head Start or otherwise, preferring to manage on their own. This latter group included families who were just more comfortable having their child stay at home or with a family friend until they started kindergarten. Some families liked the comfort and informality of home and family day care settings and chose to forego the opportunities that Head Start might bring them. Administrators from one focus group noted the challenge for Head Start will be to build better links with the informal child care network in their communities, particularly during a time when Head Start seeks to expand its services.



We, as Head Start, can see our partnering as an undermining of our own stability...partnering with child care centers and also working in families' homes, doesn't that undermine what we have? ... if we decide to do that, then we will perish... we've said that we believe in the whole community and we want to serve, be part of the community. But, that's the struggle ... sometimes we so firmly believe in how we have delivered services ... we should keep that pristine ... but that's not the world we live in."
– Head Start staff

The differences in the configuration of such variables as income and education across the national datasets were serious enough to preclude their use in generating a consistent picture of eligible, non-Head Start families. These datasets also lacked the necessary information to offer insight into why families did not enroll in Head Start when they were eligible. For some families, the reason is simply the fact that they were unaware of the program, but for others a clear choice was made not to participate, and Head Start programs should attempt to learn why.

One means of doing this is through interviewing eligible, non-Head Start parents. This study noted three potential strategies for identifying eligible, unserved families. These were 1) using listed samples of telephone numbers targeted to include low-income families and families likely to have children under the age of five, 2) asking parents who were contacted about participation to provide referrals to other families who might be eligible for the study, and 3) contacting local service agencies. While individual names were not actually requested, most agencies offered useful suggestions for locating Head Start-eligible families in their service areas, and many offered to actively help contact these families. As for the eligible families on the listed sample who were contacted by telephone, all consented to participate and completed the interview.

Lessons Learned

Because understanding the reasons why some families with Head Start-eligible children decide not to enroll their children in the program is an important goal, the findings discussed above provide a foundation for future study aimed at identifying and understanding these families. They also will help target possible changes to recruitment and enrollment procedures in order to make Head Start more successful in attracting these families into the program. The lessons learned from this study that will assist in this goal include the following:

Actual Program Practices Do Not Always Fit with Prescribed Program Procedures.

While cognizant of local and national program procedures, staff sometimes took it upon themselves to assist certain families in the enrollment process when they truly believed that enrollment was in the best interests of those families. Sometimes this aid took the form of advocating for the family during the enrollment decision process, and other times it meant “bending the rules,” such as documenting that a family who really needed Head Start services qualified under the income guidelines, when in fact there were circumstances that possibly made them ineligible. Rather than abuses of the system, these efforts reflect sincere efforts to help very needy families who otherwise would have not received any assistance at all.

For Many Families, “Need” Is Not Solely Defined by Economics. Head Start eligibility starts with qualifying according to the income guidelines, which are set at the Federal Poverty Level. However, staff were strong in their beliefs that ‘need’ is not solely defined by economics. Low-income families often demonstrated great need in their battles against other hardships, such as substance abuse, mental illness, domestic violence, and limited education. Therefore staff argued strongly and eloquently for Head Start to offer services to over-income families. Even though they experienced somewhat better economic conditions, these families were still ‘needy’ and required better links to Head Start and/or other community services.

Wide Variations Exist Across Programs in the Management and Use of Waiting Lists. There was a general inconsistency across the local Head Start programs regarding the use of waiting lists for enrollment. Although most programs had what they considered a formal waiting list, this list was often formal in name only. Lists typically were updated (information verified) only when new families applied and families already on the list were called to replace dropouts. When contacted, many of the families on the list had sought and found alternative sources of care or the family was simply no longer able to be contacted.

National Databases Have Restricted Usefulness for Providing Information on Families Who Are Eligible for Head Start. It was hoped that the extant national datasets would provide useful insights into possible differences between enrolled and non-enrolled Head Start-eligible families. Unfortunately, for the most part, this was not the case. Inherent differences in the construction of the datasets resulted in significant concerns about attempts to make judgements across the datasets. In addition, some of the information that would be most useful to Head Start was not available in these datasets, including details of family risk and family needs that may impact the decision to enroll in Head Start.

It Is Feasible to Identify and Engage Unserved Families. Even though the formal collection of actual parent interviews was limited, the success of this experience is encouraging. Multiple methods were assessed for their likelihood of achieving the goal of reaching eligible, non-Head Start families, and all three appeared promising. The parents in these families who were interviewed were very cooperative in the completion of what was at times a sensitive interview. This suggests that Head Start would be successful in future attempts broaden to learn more about its unserved target population.

Summary

It is anticipated that the Head Start program will continue to expand the numbers of

children served. Information sources examined in the present project suggest that a significant number of eligible preschool children reside in the communities served by Head Start. This research effort also provided much useful information about the Head Start procedures in place for recruitment, enrollment, and retention of families. However, the observers and overseers of Head Start will need to encourage further investigation to learn more about the best ways of reaching out to the eligible families who remain unserved by Head Start.

¹⁰Two rural programs in the Midwest and two urban programs in the West were combined, resulting in a total of eleven programs participating in the nine pairs of focus groups. These lasted about 90 minutes each, with approximately 9 participants per group.

1.0 Project Overview

This report describes the results of a project that examined the Head Start recruitment and enrollment efforts from a variety of perspectives. The central purpose of the study was to determine the feasibility and utility of obtaining information from secondary analyses of national and local data and from primary data collection efforts regarding 1) the procedures that Head Start programs employed in the recruitment and enrollment of families and children, 2) the characteristics of eligible families, and 3) reasons why some families with Head Start-eligible children chose not to enroll their children in the program. The findings of this study should facilitate current practice and future research on the recruitment and enrollment of the families most in need of Head Start Services.

1.1 Rationale for the Study

The National Center for Children in Poverty (NCCP) has reported that the number of children living in poverty doubled between 1978 and 1993. Although they have recognized the reported decline in the child poverty rate over the second half of the 1990s (DHHS, 2000; NCCP, 1999), they pointed out that the child poverty rates during that period were still greater than during any year between 1975 and 1990 (NCCP, 1998). NCCP also noted that the rate of poverty for children under the age of six was greater than the poverty rate for any other age group (1999). According to the 1998 Current Population Survey, approximately 20% (1.6 million) of children aged 3 and 4 were living in poverty during 1998. National data also suggested that since 1975 there had been no real reduction in the number of families who were above, but still near, the poverty line. By the end of the decade, approximately 40% of all children (0 to 5 years) in the United States were at or below 200% of the Federal Poverty Level (DHHS, 2000; NCCP, 2000).

Head Start has a goal to serve one million children by the year 2002; an ambitious goal that still has the program reaching significantly fewer than the estimated population of 1.6 million eligible 3- and 4-year-old children. The program has been successful in efforts to increase the number of children served by its various programs, reaching over 850,000 in FY1999, and it continues to expand enrollment. However, the program's ability to reach its goal in an age of changing social demands may be compromised without up-to-date information on eligible families. Recent Head Start research efforts inform us about the families Head Start is serving, but prompt Head Start program staff, administrators, and expert observers, including the Advisory Committee on Head Start Research and Evaluation (1999) to ask new questions: Who are the eligible families and children that are missing from Head Start? How are these families and children different from enrolled families? What can be done so all eligible children needing services can benefit from the program?

These questions become more relevant as family participation in Head Start is likely affected by recent welfare reform activities. Welfare reform impacts Head Start-eligible families in several ways. First, as welfare reform requirements (i.e., finding work or suitable training opportunities) become more daunting, some families need a partner like Head Start to assist them in accessing complementary community resources (i.e., secure, quality, and affordable full-time care for their young children) or to provide these resources when they are not adequate or available in the community. Unfortunately, some families have found that, in their efforts to cope with the demands of welfare reform, Head Start simply did not provide services that met their needs. The alternative was to seek services from other care providers. Second, many families who needed services and wanted Head Start found that the successes of welfare reform (i.e., employment, increased income) also left them ineligible for Head Start and other services that use the Federal Poverty Level as a marker for eligibility. Of course, there are many eligible families who cope successfully on their own, as well as families that are very desperate for help but just do not know what Head Start offers them. This last group may represent the most

needy families: those lacking the knowledge and the skills to get needed assistance. If a significant portion of the families missing out on the Head Start experience are in this group, then Head Start may decide to rethink outreach and recruitment activities, for these are the families with the potential to benefit the most from enrollment in the program.

Local Head Start programs continually strive to link with families in their communities as they seek to meet their enrollment objectives. Sometimes programs are successful in this effort, sometimes they are not. However, identifying the characteristics of eligible families who are not enrolled in Head Start is an important step in building better links. This group consists of four types of families. These are:

- Families who are unaware of the program and/or were never actively recruited to Head Start;
- Families who are aware of the program and have possibly been recruited to Head Start, but never enroll;
- Families who enroll in Head Start but never attend; and
- Families who enroll and begin the program, but then drop out early (during the first month) in the program year.

Information from this study will have great value for the evaluation of local recruitment procedures and for proposing next steps for Head Start in updating the types of services it may need to offer if families who are not currently using Head Start are successfully recruited into the program.

1.2 Description of the Project

This project involved several independent study activities. First, existing data from the Head Start Family and Child Experiences Survey (FACES) and three additional large-scale extant databases were examined to determine what information might be available regarding numbers and characteristics of children eligible for Head Start and, to the degree possible, compare family characteristics of enrolled and non-enrolled eligible children. Second, a primary data collection in the fall of 1999 consisted of focus groups at nine Head Start program sites with staff from 11 Head Start programs, and reviews of recruitment records and waiting lists from the nine Head Start programs sites. As well, focus groups with parents of children who were Head Start-eligible but not enrolled were completed in three communities. Based on what was learned from the fall data collection, individual interviews were completed with a total of nine parents of eligible, non-enrolled children in two communities during the spring of 2000.

1.2.1 Exploration of Existing Databases.

The FACES databases contained several sources of relevant information for this study. These included:

- Exit interviews conducted with parents of children who dropped out of Head Start during the study,
- Interviews with Social Service Coordinators and Family Service Workers about recruitment and enrollment efforts,
- Interviews with parents of currently enrolled Head Start children, and
- Interviews with community agency staff, focusing on collaboration with Head Start and service provision to low-income families.

In addition, three national datasets were re-examined to provide descriptive information on families with eligible children who were either enrolled or not enrolled in Head Start. These were the National Longitudinal Survey of Youth (NLSY79), the Survey of Income and Program Participation (SIPP), and the Panel Survey of Income Dynamics (PSID). Data from these analyses are presented in Chapter 2, except for the findings from the community agency staff interviews, which are located in Chapter 3.

1.2.2 Fall, 1999 Data Collection.

A set of eleven programs that participated in FACES was invited to participate in a data collection effort that included focus groups with recruitment and enrollment staff. Nine of those programs provided a set of recruitment and enrollment records for review. These records included information for three groups of children: 1) those who completed the recruitment process but never attended Head Start; 2) those who completed the enrollment process and began attending Head Start in the fall but left before October; and 3) those currently attending Head Start. In addition, four program communities were scheduled for focus groups with parents of Head Start-eligible children who were not enrolled in the program. Parent focus groups were conducted in three of those sites (in the fourth rural site, a sufficient number of such parents could not be recruited for the group).

The selection of individual Head Start programs was based on overall program size and representation of the original FACES sampling strata: region, urbanicity, and minority membership. At least one urban and one rural Head Start program in the Northeast, Midwest, South, and West was selected. At each of nine locations, two focus groups with staff were completed. The first involved administrative staff, and the second included field staff who were involved in recruitment and enrollment activities. Two rural programs in the Midwest and two urban programs in the West were combined, resulting in a total of eleven programs participating in the nine sets of focus groups. The use of FACES program sites had the benefit of involving local programs that were already comfortable with the project staff as well as providing a rich base of information from FACES on the families actually using these programs. All invited programs agreed to participate.

The focus groups with staff covered program recruitment practices (timing and nature of community outreach approaches, description of recruitment staff, overlap of service areas, safety policies, cultural considerations, and referral agency contacts), program enrollment activities (timing of family contact, prioritization of risk factors, use of waiting lists, and enrollment notification), and retention policies and practices. The record reviews provided data on timing of initial contacts, demographics, and risk factors identified for children in the targeted groups. Finally, the parent focus groups provided information on non-enrolled parents' knowledge of the Head Start program, the reasons for not enrolling their children, and their general views on local preschool programs, including Head Start. The information from each of these data sources is provided in Chapter 3.

1.2.3 Spring, 2000 Data Collection.

In two of the communities where Head Start parent focus groups were scheduled, a total of nine individual interviews was completed in the spring of 2000 with parents of Head Start-eligible children who were not enrolled in the program. The purpose of these interviews was to test the feasibility of identifying and contacting such families independent of the Head Start program and to test a preliminary version of a parent interview protocol addressing the following issues:

- What are the characteristics of eligible, non-enrolled families?
- What types of child care are these families currently using?
- What do these families know about Head Start?
- Why do these families not use Head Start?

- Are there things that Head Start could do that would increase the likelihood they would enroll in the program?
- What personal or environmental risk factors are the families facing?

The results of these interviews are contained in Chapter 3.

1.3 Feasibility Assessment.

One of the central goals of the analyses and data collection efforts in this study was an to assess the feasibility of locating and recruiting families with Head Start-eligible children who, for one reason or another, were not enrolled in the program. In Chapter 3, several issues related to such an effort are reviewed, including waiting lists, data collection from non-participant families, and the use of referrals and recommendations from local agency contacts.

2.0 Existing Findings Related to Served and Unserved Families

2.1 Overview

The purpose of this chapter is to explore existing data sources, both Head Start and national datasets in order to learn more about the characteristics of Head Start-eligible families. The datasets examined include the Head Start Program Information Report (PIR), the Survey on Income and Program Participation (SIPP), the Panel Survey on Income Dynamics (PSID), the National Longitudinal Survey of Youth (NLSY79), while Head Start FACES was used as a reference dataset.

2.1.1 Background

The purpose of this section is to review some recent papers that may provide information on unserved families. Perspectives from these other studies offer insights into the characteristics of low-income families who are not receiving needed services, including those families who may be eligible for, but not enrolled in, Head Start.

The underlying issue related to the interest in unserved families is that of addressing “unmet need,” which Queralt and Witte (1999) described as the gap or disparity between optimal levels of service (services that meet all needs) and actual levels of service provision (Queralt & Witte, 1999). The causes of this gap are varied, attributable to financial, language, or accessibility barriers that prevent families from using existing services, as well as to the failure of available services to meet the actual need for services. A less apparent cause, which actually does not fit this definition of unmet need, is the preference of some unserved families not to participate in government-sponsored programs. In order to learn more about unmet need, this project had an underlying goal to investigate the characteristics of the unserved families, to assess why they may not be enrolled in Head Start, and to identify methods that may be used to recruit and enroll unserved (unenrolled) families.

Community services providers have always been challenged to meet the changing needs of the families they serve, but recent shifts in the cultural and political landscape have created a moving target. Among the notable challenges facing families are the needs for adequate, accessible health services and for quality, affordable child care. In terms of the former, recent evidence shows that publicly-funded health services (Medicaid and Children’s Health Insurance Program - CHIP) are making concerted outreach efforts to reduce the unmet need for health care for children. This has included an inter-agency effort within the Federal government and by national service organizations to inform families of the opportunities CHIP provides them. While both Medicaid and CHIP have seen enrollment increased because of these efforts, these programs still have not reached the levels of service originally anticipated across the country (Edmunds, Teitelbaum, & Gleason, 2000; Kenney, Haley, & Ullman, 1999).

With regards to child care services, several studies conducted on the national and local levels have focused on how families were managing their need for care while either remaining on waiting lists for available slots or while waiting for child care subsidies to pay for care. These studies found that families on waiting lists reflected an unmet need, and often made compromises by using other family members and neighbors as care providers (Casper, 1996; Coonerty & Levy, 1998), sometimes accepting a lower quality of child care than they would have liked (Coonerty & Levy, 1998). In turn, many of the families that were having to pay for care while waiting for subsidies were putting themselves in a risky financial position by going into serious debt (Armson, 1999; Coonerty & Levy, 1998).

Some recent studies have taken a more focused look at Head Start-eligible families. Examining a sample of families taken from the National Child Care Survey of 1990, Hofferth (1994) investigated the characteristics of families who enrolled in Head Start and those who did not. Hofferth noted that a number of factors were associated with a child’s Head Start enrollment, including the education of the mother, race of the child, geographic region, enrollment of the household head in a training program, and standard of living, as well as the supply of child care available in the family’s county of residence. She also noted that the children most likely to be enrolled in Head Start were those living with unemployed parents. Of the 3- to 5-year-old children not enrolled in Head Start, only about one quarter were enrolled in a center-based child care program, with parent or relative care being the most likely

options for their children. Among the eligible families, children from the families with the lowest incomes were about as likely to be enrolled in Head Start as children from families with the highest incomes. Parents with children in Head Start also were more likely to have used multiple services than parents who did not enroll their children in Head Start. The implication of this is that the unmet need for many of these non-enrolled families may extend beyond the help Head Start can provide by itself.

Economic disadvantages of the types encountered by Head Start-eligible families have been associated with problems in children's cognitive and emotional development, as well as with problem behaviors (Huston, McLoyd, & Garcia, 1997; McLoyd, 1998; Vandivere, Moore, & Brown, 2000). Using the Panel Study of Income Dynamics (PSID), Foster (in press) recently examined data collected in the early 1990's, focusing on Head Start-eligible families and the presence of four key disadvantages for those families: poverty, welfare receipt, female head of household, and parental joblessness. He reported that the level of disadvantage was high among enrolled families, particularly among African-American families. In a comparison of enrolled and eligible, non-enrolled families, Foster found that in spite of similarities in neighborhood characteristics, the children from non-enrolled families encountered an even greater number of disadvantages. He noted that this difference has been in gradual decline over time, suggesting that Head Start may be reaching more of the disadvantaged families it is targeting.

In a recent, unpublished paper, Nord (1999) compared data describing Head Start children and families collected for the Head Start FACES study, with data gathered during the March 1997 Current Population Survey (CPS). The CPS describes the characteristics of and their families. When comparing Head Start children with poor children from the general population, the Head Start children were more likely to live in two-parent families findings noted earlier. Head Start children were more likely than poor 3- to 5- year olds to have had a mother with at least some college experience, to have a mother who worked full families that received welfare and food stamps. The author concluded, with appropriate caution, that Head Start children may be somewhat better off than other poor children, and being reached by Head Start, particularly citing the children who lived in single-parent families with parents who had a low education.

Finally, in a study of Head Start recruitment and enrollment efforts, Love and Grover (1987) examined how Head Start programs from a range of communities attempted to meet the challenge of providing services to the most needy children within the targeted low-income population in their service area. In addressing the issues, the following key findings were reported:

- While there was wide variation among programs, there appeared to be considerable evidence that many programs used intensive outreach and recruitment efforts to recruit the most needy families, and that large proportions of the eligible population were being served.
- While many programs structured their services to meet what Head Start perceived as the needs of the families in their communities, some families did not enroll or dropped out because they did not see the program meeting their specific needs.
- When defining "need," programs' criteria generally focused on family income; however, programs also considered other factors such as family problems, disabilities and health problems.
- While half of all drop-outs resulted from family mobility, programs believed that more families could be retained if additional services or longer program days could be provided.
- If the proportion of enrollees in the "most needy" category increased, programs would likely need additional staff, additional resources to assist multiple-problem families, reconstruction of handicapped accessible facilities, and additional recruitment costs.

Love and Grover (1987) also concluded that "need" is not a straight-forward concept. The diversity of needs staff reported for low-income populations suggested that the criteria for establishing need went well beyond family income. Head Start programs often addressed this by preparing to meet the variety of economic, social, and emotional needs among the families that were enrolled, but this had implications for recruitment by putting the focus on families Head Start could help.

2.2 Head Start PIR

The Head Start Program Information Report (PIR) contains self-report data from every Head Start program. Collected annually, these reports are the only single source of information from all Head Start programs. Data are reported at the program-level, with very limited information on families. For this study, information on proportions of children 1) leaving the program before attending classes, 2) leaving the program at any point after classes began, and 3) remaining in the program for less than 45 days after enrollment was examined. Information is also presented on the percentage of drop-outs replaced during the year and those replaced within 30 days.

The analysis of the PIR was completed using data from the 1993-94, 1995-96, and 1997-98 program years. A total of 1,565 programs, serving children aged 3 years and older, were in operation and reported data for all three of these years. During this period, the average number of children served (aged 3 years and older only) increased 13% per program. The largest percentage increases were for programs in the Western region (19.7%), while the smallest growth was observed in the Midwest (8.3%). The numbers presented in the following exhibits represent the unweighted mean percentages (and standard deviations) as reported across programs.

Exhibit 2-1 contains information regarding the mean percentages across programs of children who left their program before classes or home visits began. This information was not included in the 1997-98 PIR. Each year, about 4% of children left their program after receiving some services (such as health screenings, family needs assessments, etc.), but before the child actually attended classes or received a home visit. The percentages were slightly higher in urban programs (about 5%) than in rural programs (about 3%) and were generally higher in the Northeast (about 5%) and Midwest (just over 6%) than in the South (less than 3%) and West (just over 3%).

Exhibit 2-1				
Mean percentages (and standard deviations) across programs of children who received some services from Head Start but left the program <i>before</i> classes began or <i>before</i> receiving a home visit				
	Number of Programs*	1994	1996	1998
Overall	1565	4.0 (7.5)	4.1 (7.6)	- - -
Rural	688	2.6 (6.0)	3.2 (6.2)	- - -
Urban	877	5.0 (8.7)	4.8 (8.7)	- - -
Northeast	412	4.8 (8.7)	5.5 (9.2)	- - -
South	559	2.0 (4.5)	2.6 (6.6)	- - -
Midwest	319	6.6 (11.0)	6.0 (7.2)	- - -
West	275	3.7 (7.5)	2.8 (7.5)	- - -

* Only programs in existence in all years are included in the analysis (that is, programs initiated or defunded after 1994 were removed from the database)

Exhibit 2-2 contains information regarding the mean percentages of children who left Head Start anytime during the program year. Across all programs, these percentages increased slightly over the period examined, from 13.7% to 14.6%. The percentages for each year were similar across urban programs and rural programs. Again, mean program dropout rates were generally higher in the Northeast and West regions (typically above 15%) than in the South and Midwest regions (14% or less)

Exhibit 2-2
Mean percentages (and standard deviations) across programs of children who dropped out any time <i>after</i> classes began or <i>after</i> receiving a home visit

	Number of Programs*	1994	1996	1998
Overall	1565	13.7 (6.7)	14.5 (6.4)	14.6 (6.5)
Rural	688	13.3 (6.5)	14.2 (5.9)	14.5 (6.2)
Urban	877	13.9 (6.8)	14.8 (6.8)	14.8 (6.7)
Northeast	412	15.0 (7.5)	16.1 (6.6)	16.4 (6.4)
South	559	11.9 (5.0)	12.7 (6.2)	12.9 (6.6)
Midwest	319	13.3 (7.8)	14.0 (6.8)	13.7 (6.5)
West	275	15.6 (6.3)	16.8 (6.1)	16.6 (6.4)

* Only programs in existence in all years are included in the analysis (that is, programs initiated or defunded after 1994 were removed from the database)

Exhibit 2-3 indicates the mean proportions of children who left the program before 45 program-days elapsed, considering only those children who attended at least some classes. This 45 program-day period may vary for some children, as it begins with a child's first day, not necessarily the first day of the program year. Overall, these percentages declined from 6.3% in 1993-94 to 4.7% in both 1995-96 and 1997-98, a pattern that was reflected in both the urban and rural subsamples. In 1993-94, only the Southern region lost less than 6.0% of enrolled children in less than 45 program-days, while the rates were generally higher in the West (7.4%) and Northeast (6.9%). By 1997-98, all regions were losing less than 6.0% of their children, while programs in the South and West reported losing less than 4.5% of the children during the first 45 days.

Exhibit 2-3				
Mean percentages (and standard deviations) across programs of children who remain in the program less than 45 days after enrollment				
	Number of Programs*	1994	1996	1998
Overall	1565	6.3 (4.5)	4.7 (4.3)	4.7 (3.5)
Rural	688	6.2 (5.1)	4.6 (4.7)	4.6 (3.3)
Urban	877	6.4 (4.0)	4.8 (4.1)	4.7 (3.6)
Northeast	412	6.9 (5.1)	5.5 (6.3)	5.2 (3.6)
South	559	5.4 (4.1)	4.0 (3.3)	4.3 (3.4)
Midwest	319	6.1 (4.8)	4.1 (3.7)	4.2 (3.3)
West	275	7.4 (3.8)	5.7 (4.1)	5.5 (3.5)

* Only programs in existence in all years are included in the analysis (that is, programs initiated or defunded after 1994 were removed from the database)

As noted earlier, the PIR data do not include family-level data and, therefore, provide no insights into why these families left the program (either before or after the start of classes). Overall, the means do not suggest any strong patterns of differences based on urbanicity or geographic region.

The final two PIR exhibits contain information about the replacement of program drop-outs. Exhibit 2-4 indicates the mean percentages of drop-out children who were replaced during the program year (ranging from 85.6% to 88.0% over the years examined), while Exhibit 2-5 presents the mean

percentages of those replacements that were completed within 30 days or less (approximately 94% in each year). In both 1995-96 and 1997-98, programs in urban areas seemed to have slightly greater success at replacing drop-outs than rural programs (88.0% versus 84.9%). During the time frame, programs in the Northeast became increasingly less successful in replacement (declining from 85.4% to 80.9%), while programs in the South became increasingly more successful (80.2% in 1993-94 to 86.8% in 1997-98). Programs in all regions, and in both rural and urban areas, consistently completed between 95.3% and 91.1% of their replacements within 30 days.

Exhibit 2-4				
Of the children who dropped out any time <i>after</i> classes began or <i>after</i> receiving a home visit, the mean percentages (and standard deviations) replaced during the program year, across programs				
	Number of Programs*	1994	1996	1998
Overall	1565	85.6 (6.4)	88.0 (6.0)	86.6 (6.0)
Rural	688	85.3 (5.6)	86.0 (5.2)	84.9 (5.4)
Urban	877	85.8 (6.8)	89.6 (6.6)	88.0 (6.5)
Northeast	412	85.4 (6.2)	83.0 (6.0)	80.9 (6.3)
South	559	80.2 (5.4)	87.9 (5.2)	86.8 (5.6)
Midwest	319	91.9 (6.8)	92.0 (6.3)	89.4 (6.1)
West	275	89.7 (6.9)	91.1 (6.1)	91.5 (6.0)

* Only programs in existence in all years are included in the analysis (that is, programs initiated or defunded after 1994 were removed from the database)

Exhibit 2-5				
Of the children replacing drop-outs during the program year, the mean percentages (and standard deviations) replacing a drop-out in 30 days, across programs				
	Number of Programs*	1994	1996	1998
Overall	1565	94.6 (4.6)	93.5 (4.8)	93.5 (4.5)
Rural	688	94.5 (4.5)	93.5 (4.2)	93.7 (4.2)
Urban	877	94.6 (4.6)	93.4 (5.2)	93.3 (4.7)
Northeast	412	93.9 (4.5)	92.2 (4.7)	93.2 (4.4)
South	559	94.7 (4.1)	94.9 (4.8)	94.1 (4.6)
Midwest	319	94.9 (4.8)	91.3 (4.9)	91.1 (4.5)
West	275	94.9 (4.2)	95.0 (4.3)	95.3 (4.4)

* Only programs in existence in all years are included in the analysis (that is, programs initiated or defunded after 1994 were removed from the database)

Overall, while the universe of Head Start programs is generally successful in quickly replacing children who leave the program, the mean percentages presented in Exhibit 2.4 suggest that additional insights are needed regarding retention and the use of waiting lists by Head Start. The perspectives of program

staff on these particular issues are reported in Chapter 3.

2.3 Head Start FACES Program Drop Reports and Parent Exit Interviews

During the periods of the fall of 1997 through the spring of 1999, data were collected on a sample children who dropped out from the 40 Head Start programs participating in FACES. Program Drop Reports, completed by staff at each of the FACES sites, were received for a total of 611 children. Of the 611 sample children who dropped out from the program, 47% were male and 53% were female. Approximately 34% attended Head Start in the morning only, 24% in the afternoon only, and 32% attended Head Start for six hours or more daily. The most frequent reason staff reported for a child dropping out of the program was that the family had moved (42.1%). When sample children were reported to have dropped from the program, FACES interviewers attempted to conduct an exit interview with their primary caregivers. Only a small proportion of the families that had moved could be located and interviewed. Among the families who were contacted, a total of 156 exit interviews were completed. Therefore, exit interviews were conducted with 25.5% of parents of all sample children who dropped out of the programs, and 44.1% of the children who according to staff left the program early for a reason other than a family relocation.

2.3.1 Reasons for Leaving Head Start.

While a family move was the most frequent reason cited by program staff for a family leaving Head Start (42.1%), the other frequently noted reason was that the child moved to another program or kindergarten (23.3%). The following reasons were cited by less than 8% of the respondents: poor attendance, family or personal problems, transportation problems, and scheduling conflicts (Exhibit 2-6). Programs very rarely reported that a child was withdrawn due to parental dissatisfaction with one or more elements of the program.

These results were largely confirmed by primary caregivers participating in exit interviews. Among the 156 families for whom exit interviews were completed and no relocation had taken place, frequently noted reasons for leaving Head Start were: 1) transferred to another program (38.2%), 2) transportation problems (29.5%), 3) parent problems with the program (15.2%), usually difficulties with a staff member, and 4) a child's refusal to attend (6.8%). Poor attendance, family and personal problems, and scheduling conflicts were rarely mentioned (each less than 8%).

Although the exit interview sample was not large enough to support strong conclusions, the differences between staff drop-out reports and parent exit interviews for families leaving but not relocating indicated that neither respondent group reported many issues that reflected negatively on Head Start. It seems possible that Head Start staff may have underestimated both transportation difficulties and parent dissatisfaction with some element of the program as reasons parents had for withdrawing their children from the program. Parents, on the other hand, were less likely than staff to report the withdrawal of their child due to family or personal problems or because of poor attendance. In this case, program staff seemed more likely to put the responsibility on parents, while parents were more likely to cite program deficiencies.

Exhibit 2-6			
Reasons for Withdrawal from Head Start as Reported by Head Start Staff and Parents			
Reason for Withdrawal from Head Start	All children leaving the program	Percentage of children leaving for a reason other than family relocation	
	Reported by Head Start staff (N = 611) %	Reported by Head Start staff (N = 354) %	Reported by parents (N = 156) %
Family relocation	42.1	-	---
Changed program or entered	23.3	40.3	38.2

Kindergarten			
Poor attendance	7.3	12.7	1.7
Family/personal problems	6.3	10.8	0.9
Transportation problems	5.6	9.6	29.5
Parent scheduling conflicts with work or school	4.5	7.8	3.5
Dissatisfaction with program	4.2	7.2	15.2
Child maturity/refusal to attend	0.0	0.0	6.8
Other/not specified	6.7	11.5	4.2

2.3.2 Satisfaction with Head Start.

Satisfaction with the program has been repeatedly reported to be very high among parents with children attending Head Start (ASCI, 1999), and interviews conducted with parents of children in the FACES sample in the spring of 1997, 1998, and 1999 confirmed these findings. However, the exit interviews were conducted, in part, to explore the possibility that parents of children who left the program may have less favorable views of Head Start. As shown in Exhibit 2-7, the parents of children who withdrew from the program were generally satisfied with Head Start. Nevertheless, the percentages of parents reporting dissatisfaction was higher for each issue addressed in the interview than the percentages reported by the parents of children who remained in the program (Exhibit 2-8).

Exhibit 2-7					
Satisfaction with Head Start Among Parents of Children Who Withdrew from the Program (N = 156)					
How satisfied are you with how well Head Start is.	Very dissatisfied %	Somewhat dissatisfied %	Somewhat satisfied %	Very Satisfied %	Don't Know %
Helping child to grow and develop	9.3	4.7	20.0	64.0	2.0
Open to your ideas and participation	4.7	2.7	18.0	70.7	4.0
Supporting and respecting your family's culture and background	5.3	0.7	8.7	83.3	2.0
Identifying and providing services for child - for example, health screening, help with speech and language development	2.7	1.3	12.7	76.0	7.3
Identifying and helping to provide services that help your family-for example, public assistance, transportation, or job training	8.7	9.4	10.7	49.0	22.1
Maintaining a safe program - for example, secure playgrounds, clean and tidy classrooms	2.7	2.7	8.7	84.7	1.3

Preparing child to enter kindergarten	13.3	5.3	11.3	63.3	6.7
Helping you become more involved in groups that are active in your community	6.0	2.0	16.7	49.3	26.0

Exhibit 2.8		
Comparison of Reported Dissatisfaction with Head Start Among Parents of Children Who Withdrew From the Program and Those Who Remained		
How satisfied are you with how well Head Start is.	Parents of children withdrawn from the program (N = 156) %	Parents of children remaining in the program (FACES Spring, 1998 N = 2,688) %
Helping child to grow and develop	14.0	1.9
Open to your ideas and participation	7.4	2.1
Supporting and respecting your family's culture and background	6.0	1.3
Identifying and providing services for child- for example, health screening, help with speech and language development	4.0	1.6
Identifying and helping to provide services that help your family-for example, public assistance, transportation, or job training	18.1	3.3
Maintaining a safe program-for example, secure playgrounds, clean and tidy classrooms	5.4	2.0
Preparing child to enter kindergarten	18.6	2.6
Helping you become more involved in groups that are active in your community	8.0	3.1

The areas of greatest dissatisfaction among primary caregivers of children withdrawn from Head Start involved child development services (helping child to grow and develop, preparing child for kindergarten) and identifying and facilitating family services from community agencies. In each of these areas, nearly one in six parents of children withdrawn from the program indicated dissatisfaction with Head Start. Comments from the parents who expressed dissatisfaction generally indicated that the program did not meet their expectations. While this is not a large sample, the sample participating in the exit interviews do reflect perceptions among a minority of families that Head Start services could be improved.

2.4 Head Start FACES Staff: Social Service Coordinators and Center Directors

As part of the FACES data collection, several staff members were interviewed at each program. In particular, Social Service Coordinators (N = 40) and Center Directors (N = 123) were asked several questions about enrollment and waiting list activities. Their responses are summarized below.

2.4.1 Social Service Coordinators.

All of the 40 Social Service Coordinators (SSCs) who were interviewed indicated that their program had a list of families waiting to enter Head Start, and 38 of these programs maintained these waiting lists at individual centers (Exhibit 2-9). The SSCs reported information from a program-wide perspective. For the 33 SSCs who provided an actual waiting list size for their program, the average was 374 children; however, this figure was greatly impacted by four large programs. The median size of the program waiting lists was just over 100 children per program. For the 29 SSCs reporting the percentage of children who were enrolled from their waiting list, the average was 146 children, or just under 40% of the reported waiting lists. The median percentage enrolled was about 55%, with higher proportions generally reported for smaller programs.

Exhibit 2-9				
Social Service Coordinator Responses About Waiting Lists				
Prog	Funded Enrollment (1996)	Wait List Size	Number Enrolled from List	Percent Enrolled by Program
1	218	45	25	55.6
2	1163	300	200	66.7
3	607	126	---	---
4	511	180	45	25.0
5	4376	1200	300	25.0
6	1124	30	15	50.0
7	2685	162	162	100.0
8	371	171	78	45.6
9	786	40	10	25.0
10	458	dk	---	---
11	243	34	19	55.9
12	2153	300	150	50.0
13	314	DK	---	---
14	215	65	35	53.8
15	1075	50	50	100.0
16	278	45	30	66.7
17	1994	3000	1000	33.3
18	3968	DK	---	---
19	356	35	14	40.0
20	189	25	---	---
21	422	167	2	1.2
22	1514	DK	---	---
23	292	130	40	30.7
24	214	30	27	90.0

25	737	150	100	66.7
26	1195	250	150	60.0
27	240	100	20	20.0
28	578	30	30	100.0
29	542	50	50	100.0
30	1140	DK	---	---
31	1080	DK	---	---
32	1023	DK	---	---
33	246	172	70	5.8
34	460	4000	1000	25.0
35	381	25	25	100.0
36	635	66	50	75.8
37	368	45	45	100.0
38	662	240	---	---
39	3171	678	384	56.6
40	212	450	---	---

Wait List Totals

N = 33

Mean = 374

S.D. = 827.8

Number Enrolled
From Wait List

N = 29

Mean = 146

S.D. = 250.7

2.4.2 Center Directors.

Each Center Director reported information for his/her center only, and within programs, only those centers participating in Head Start FACES are represented. Of the 123 Center Directors (CDs) reporting, 83% reported having a center-specific waiting list (Exhibit 2-10). Of those CDs reporting the waiting list size for their centers, the number of children on these lists ranged from 2 to 71 names (mean = 22.4; median = 20).

Exhibit 2-10			
Center Director Responses about Waiting Lists			
Program	Centers without wait list	Centers with wait list	Wait List Size
1	0	4	5,5,15,--
2	3	1	
3	0	3	28,-,---
4	0	4	3,5,-,--
5	0	3	8,25,54
6	0	1	

7	2	1	
8	2	2	6,--
9	3	1	
10	0	4	4,4,5,--
11	1	3	6,20,--
12	1	0	
13	0	4	14,30,40,50
14	0	3	20,30,--
15	0	3	24,71,--
16	1	3	3,4,7
17	0	4	6,10,25,30
18	0	4	30,-,-,--
19	0	1	35
20	0	1	22
21	0	2	20,40
22	0	3	3,-,-
23	0	3	-,-,-
24	0	0	
25	1	2	6,10
26	1	3	30,-,-
27	0	4	-,-,-,-
28	2	2	5,10
29	1	2	30,--
30	0	4	8,19,20,50
31	0	4	2,30,43,65
32	1	0	
33	0	3	-,-,-
34	1	3	7,50,60
35	1	3	30,-,-
36	0	4	50,-,-,-
37	0	4	5,5,12,60
38	0	2	15,--
39	0	4	39,40,50,--

40	0	0	
Centers		Wait List Sizes	
Without Waiting Lists 21 (17.0%)		N = 65 Mean = 22.4 S.D. = 18.7	
With Waiting Lists 102 (83.0%)			

2.5 Family/Household Databases Overview

In order to learn what might be known regarding the differences between enrolled and non-enrolled eligible families, project staff reviewed three existing national databases. The project team and expert consultants determined that the following datasets would be targeted: The National Longitudinal Study of Youth 1979 (NLSY79), the Survey of Income and Program Participation (SIPP), and the Panel Survey of Income Dynamics (PSID). These datasets were selected because they offered some comparability along several dimensions with data collected during the FACES study, and, most importantly, each contained a variable identifying Head Start participation by a 3- to 5-year-old child. The focus in this review was on examining information regarding the following: family description, education, employment, family income and program participation, housing, health status and insurance coverage, and child care arrangements.

While each dataset has strengths in describing particular characteristics of the families of interest, collectively, their inherent differences do not allow direct comparisons across datasets, or with the FACES data. For example, these datasets do not all report upon the same time period. A second, and perhaps more important example, is that while FACES collected data on the characteristics of the primary caregiver, the target respondent was not consistent across these datasets. The person whose characteristics were reported upon in each datasets was:

- FACES - the primary caregiver of the child,
- NLSY79 - the mother of the child,
- SIPP - the designated parent or guardian of the child (as reported by the SIPP respondent), and
- PSID - the head of the household.

Such distinctions are critical, and caution is advised with regards to making direct comparisons across datasets. A detailed description of each of these datasets is provided in Appendix A.

2.5.1 Findings From the Datasets

The presentation of weighted findings from each dataset is accompanied by an exhibit highlighting the findings from that dataset. Each exhibit has six data columns. The first contains data for all families with 3- to 5-year-old children in the sample. The second column features unweighted data from the Head Start FACES baseline data collection, which serves as a point of reference for other Head Start findings. The third column focuses on weighted data for all families in the dataset reporting a Head Start child. The second set of three columns contain weighted data only for families determined to be eligible for Head Start. In cases where the dataset did not have a variable matching Head Start FACES and at least one other dataset, the variable remains in the exhibit with a line indicating no data were available.

Since the purpose of the study is to learn more about eligible non-enrolled families, this discussion focuses on the two right-most columns in the accompanying exhibits, presenting the characteristics of eligible enrolled and non-enrolled families (significant differences between the groups at $p < .05$ are noted in the exhibits). Head Start eligibility was determined by applying the income and other program participation criteria specified in the Head Start regulations. A discussion of the Head Start criteria for program eligibility, along with a copy of the 1996 Head Start Family Income Guidelines memorandum is presented in Appendix B.

In reviewing the exhibits that follow, note that the first set of columns represents findings on all children, and all children reported to be enrolled in Head Start, without selection based on Head Start eligibility.

This group may include over-income families who have enrolled children with disabilities or some other special needs, as well as families who passed the income criteria between the time of Head Start enrollment and their response during the data collection for the survey in which they are participating. This is to say that responses to the surveys may not reflect levels of a family's need as recorded by Head Start at the time of that family's enrollment.

For the NLSY79 and the SIPP, sample characteristics were estimated using person-level weights that were provided with each dataset. The weights for the SIPP were constructed using Current Population Survey (CPS) estimates of the non-institutionalized United States population by age, gender, race and Hispanic ethnicity. The CPS estimates were derived from data collected as part of the 1990 decennial Census. The NLSY79 child weights are based on the NLSY79 mother weights, which were derived from the CPS of 1978 (the original sample was drawn in 1979 and included young people living in the United States that were between the ages of 14 and 21 as of December 31, 1978). Child weights were adjusted to account for differences in age, race and gender. Finally, the weights provided with the PSID were based on a combination of factors: 1) an adjustment for differences in sample selection probabilities for sample individuals and families; 2) an adjustment for non-response attrition and death; and 3) an adjustment to post-stratify weighted sample distributions for demographic and household variables to population values measured in the 1990 decennial Census and the CPS.

Unweighted findings from the nationally representative Head Start FACES study are referenced in each of the specific dataset discussions, serving as a context for interpreting the findings presented for that dataset. The shaded column in the tables contains Head Start FACES baseline data collected in the fall of 1997.

NLSY79. Exhibit 2-11 presents findings from all children age 3- to 5-years old and for the Head Start-eligible children in the NLSY79 sample. The family composition of enrolled and non-enrolled families was similar, with each having a mean of 4.5 family members, but with enrolled families reporting slightly more children under 18 years of age (3.3 compared with 3.0). Significantly higher percentages of White (non-Hispanic) and Black (non-Hispanic) children were in the enrolled group, which subsequently had significantly fewer American Indian, Eskimo, Aleut, and Hispanic children than the non-enrolled group. Among FACES respondents, Black (non-Hispanic) children comprised the largest component (36.9%) of the sample.

The original cohort of women included in the NLSY79 was between the ages of 14 and 21 years of age on January 1, 1979, and, consequently, was between the ages of 31 and 38 during the 1996 survey period. The mean age of these women, 34.6 years, was the same for both groups. A significantly lower percentage of women in enrolled families was married, while the non-enrolled families included significantly fewer formerly or never married women. The mean age of the primary caregivers responding to the FACES survey was 29.7 years, and just under half (42.7%) were married.

A significantly lower percentage of mothers from enrolled families (33.6%) had a high school diploma than did mothers from non-enrolled families (35.4%), while significantly more of the mothers in the enrolled group had some college education. The level of educational attainment for Head Start FACES respondents was similar to that of the enrolled and the non-enrolled NLSY79 respondents. With regards to ongoing education, approximately 3.6% of mothers from non-enrolled families were currently in school or training, significantly greater than the 3.0% of mothers from enrolled families who reported that they were receiving ongoing education. By contrast, almost one quarter (22.8%) of the FACES respondents were in school or training at the time of their interview.

While two thirds of the mothers from enrolled families (67.3%) reported being either unemployed or not in the labor force, compared with 61.0% among the mothers from non-enrolled families, significantly more of the mothers from enrolled families (26.7%) reported full-time employment than their non-enrolled counterparts (23.9%). Approximately one third of NLSY79 mothers from enrolled (32.6%) and non-enrolled (35.3%) families reported full- or part-time employment, and over half (51.8%) of FACES respondents were fully- or partially- employed.

Although the mean annual family income was higher for enrolled families than non-enrolled families (\$12,593 vs. \$11,296), this difference was not statistically significant. The median income was less for enrolled families (\$8,748 vs. \$10,368). When family income was compared against the Federal Poverty Level (FPL), substantial proportions of both enrolled (80.2%) and non-enrolled (84.1%) families reported

incomes less than the FPL. This was to be expected since the FPL is a major factor in determining Head Start eligibility. A significantly greater proportion of non-enrolled families (41.7%), however, reported family incomes less than 50% of the FPL than did enrolled families (23.4%). While just over one half (53.8%; 16.9% below 50% of the FPL) of the FACES respondents reported incomes below the FPL, the FACES data were based on the incomes of all those living in the household.

In general, significantly larger proportions of enrolled families reported participation in Federal support programs, i.e., Aid to Families with Dependent Children (AFDC), Women, Infants, and Children (WIC) nutrition program, food stamps, and public/subsidized housing programs. The exception to this was that significantly more non-enrolled families reported receiving Supplemental Security Income (SSI). Head Start FACES families generally reported lower rates of participation in these family support programs than enrolled families in the NLSY79.

Significantly more enrolled families reported child health insurance coverage, especially Medicaid (81.7%), than non-enrolled families (57.3%), and although the percentages were very low, a significantly lower percentage of enrolled families reported their Head Start children had a disability. This is particularly surprising, given Head Start's focus on enrolling disabled children and on screening all enrolled children.

The picture that emerges from the NLSY79 data is that fewer married and formerly married women have children participating in Head Start, a larger proportion of non-enrolled mothers report incomes less than 50% of the FPL, and enrolled families generally report more participation in Federal support programs (e.g., AFDC, WIC) than do non-enrolled families. The NLSY79 data do not answer the question of whether these differences reflect the efforts of Head Start. It must be remembered, however, that the NLSY79 data are not representative of all American women. They are representative of a national sample of women who were between the ages of 31 and 38 on January 1, 1996.

Exhibit 2-11						
Characteristics of 3- to 5-Year-Old Children and Their Families from the NLSY79, by Head Start Eligibility and Enrollment. ¹¹						
Dataset: NLSY79 Children: 1996 Survey (Weighted)						
(Numbers in thousands)	All Children Age			Head Start Eligible Children		
Characteristic	Total (n = 4,445)	FACES	Enrolled in Head Start (n = 184)	Total (n = 609)	Enrolled in Head Start (n = 108)	Not enrolled in Head Start (n = 500)
Family Description						
Number in household ¹²						
Number in family	Mean = 4.3	Mean =	Mean = 4.4	Mean = 4.5	Mean = 4.5	Mean = 4.5
Number of children under 18 years	Mean = 2.4	Mean =	Mean = 2.9	Mean = 3.0	Mean = 3.3	Mean = 3.0
Child race or ethnicity						
White (non-Hispanic)	75.9%	27.7%	49.8%	44.7%	48.3%	*43.9%
Black (non-Hispanic)	10.9	36.9	33.5	34.4	42.6	*32.7

American Indian, Eskimo, Aleut	5.7	1.9	7.2	10.8	5.9	*11.8
Asian or Pacific Islander	0.4	1.1	0.0	0.0	0.0	0.0
Hispanic	6.2	24.2	9.5	10.1	3.2	*11.6
Age of primary caregiver¹³						
Less than 20 years		2.4%				
20-29 years		59.3				
30-39 years		29.0				
40 years and older		9.3				
	Mean=34.5	Mean=29.7	Mean=34.3	Mean=34.6	Mean=34.6	Mean=34.6
		Median=28.0				
Marital status						
Married	79.9%	42.2%	31.8%	26.2%	12.5%	* 29.1%
Formerly married	13.0	21.3	45.4	42.4	52.5	*40.2
Never married	7.9	36.0	22.8	31.4	35.0	*32.7
Education						
Primary caregiver's education¹⁴						
Less than high school diploma	11.1%	27.6%	32.0%	33.1%	30.9%	*33.6%
High school diploma/GED	32.1	36.5	33.9	35.0	33.6	*35.4
Some college	56.6	33.5	34.1	31.5	35.5	* 30.6
Bachelor's degree or higher	-----	2.8	-----	-----	-----	-----
Currently in school or training	4.4%	22.8%	2.5%	3.5%	3.0%	*3.6%
Employment						
Employment status¹⁵						
Employed: Full-time	46.0%	34.4%	41.7%	24.4%	26.7%	*23.9%
Employed: Part-time	16.4	17.4	9.8	10.4	5.9	*11.4
Unemployed	3.6	19.7	8.9	10.0	14.1	*9.1
Not in labor force	31.9	28.0	39.6	52.2	53.2	*51.9
Multiple jobs concurrently	1.6%	3.9%	0.0%	0.5%	0.0%	0.5%

Family Income and Program Participation						
Total family annual income¹⁶						
Mean	\$78,436	\$14,907	\$19,876	\$11,522	\$12,593	\$11,296
Median	\$49,000	\$13,200	\$14,400	\$10,000	\$8,748	\$10,368
Federal Poverty Level (FPL)¹⁷						
Income < 50% of FPL	5.3%	16.9%	15.4%	38.5%	23.4%	*41.7%
Income btwn 50-99% of FPL	6.1	36.9	37.5	44.9	56.8	*42.4
Income btwn 100-199% of FPL	15.7	36.2	25.4	12.3	12.3	12.3
Income 200% or greater than FPL	72.9	10.0	21.7	7.5	7.5	*3.5
Other sources of support						
AFDC	6.1%	30.6%	41.0%	43.9%	69.5%	*38.3%
Supplementary Security Income	2.4	13.4	6.0	16.8	10.2	*18.2
WIC	12.4	56.1	49.0	49.3	68.7	*45.1
Food Stamps	9.1	50.2	49.3	55.6	80.2	*50.2
Housing						
Public or subsidized Housing	3.8%	22.1%	14.5%	20.2%	23.7%	*19.4%
Number of moves in previous 12 months¹⁸						
None	-----	64.3%	-----	-----	-----	-----
One or more		35.2				
Health Status/Insurance Coverage						
Primary caregiver health status						
Excellent		21.3%				
Very good	-----	28.4	-----	-----	-----	-----
Good		33.8				
Fair		14.4				
Poor		2.2				
Child health status						
Excellent		44.8%				
Very good	-----	30.5	-----	-----	-----	-----
Good		18.0				

Fair		6.2				
Poor		0.4				
Child disability	1.0%	17.6%	0.6%	1.9%	1.1%	*2.1%
Child health insurance coverage ¹⁹						
Private	86.9%	31.4%	65.7%	46.7%	51.2%	* 45.7%
Medicaid	12.1	59.3	56.3	61.7	81.7	*57.3
Other	-----	-----	-----	-----	-----	-----
Child Care Arrangements						
Arrangements						
Family/friend		19.2%				
Family day care	-----	2.4	-----	-----	-----	-----
Center-based day care		6.1				
Hours/week in primary arrangement	-----	Mean = 19.2	-----	-----	-----	-----

SIPP. Exhibit 2-12 presents findings from the SIPP for children aged 3- to 5-years. The table follows the same format as the NLSY79 table, and includes FACES' data in the shaded column. As with the NLSY79, the discussion will focus on the two right-most columns, comparing the characteristics of eligible enrolled and non-enrolled families. The respondent for the SIPP is the designated parent or guardian of the Head Start age child(ren).

The average number of family members for enrolled families (4.3 total; 2.8 under 18 years) was similar to that reported by non-enrolled families. Almost half (49.1%) of the enrolled children were Black (non-Hispanic), while less than a quarter (23.1%) of the non-enrolled children were Black (non-Hispanic), a significant difference. Subsequently, the non-enrolled group included significantly more White, Asian/Pacific Islander, and Hispanic children than the enrolled group. The enrolled group was generally similar to the FACES sample on distribution of race and ethnicity.

Almost two thirds (64.7%) of the primary caregivers from enrolled families were in the 20- to 29-year old age range compared with about half (51.3%) of the parents from the non-enrolled families, another significant difference. The mean age (29.3 years) and median age (27.0 years) for respondents from enrolled families were both lower than but not significantly different from their non-enrolled counterparts (mean = 30.7 years; median = 29.0 years). The ages of the primary caregivers in the FACES study were in the same range (mean = 29.7 years, and median = 28.0 years).

Only 20.7% of the parents from enrolled families reported being married while most were either formerly married (24.9%) or never married (54.4%). Conversely, among the parents from non-enrolled families, 45.9% reported being married, 27.0% reported never being married, and 27.1% were formerly married. These differences between the enrolled and non-enrolled groups for the percentages of parents who were married and who were never married were significant. Data from the FACES primary caregivers tended to resemble the latter pattern, with 42.7% reporting being married, 36.0% reporting never being married, and only 21.3% formerly married.

With regards to the education of primary parents, the patterns found among both enrolled and non-enrolled families were quite similar. About two fifths of both groups reported less than a high school diploma, and about one third reported having a diploma or GED. Significantly more of the parents (25.8%) from non-enrolled families reported attending some college than did parents from enrolled

families (20.5%). Only about one quarter (27.6%) of FACES primary caregivers reported less than a high school degree and over one third (36.3%) reporting some college or a college degree or higher.

Similar patterns of employment status emerged across the two target categories, with approximately one quarter of both enrolled (25.8%) and non-enrolled (25.5%) reporting full-or part-time employment. Just over half (51.8%) of FACES respondents reported full- or part-time employment.

Among SIPP respondents, the non-enrolled families generally reported significantly higher incomes (mean = \$12,928; median = \$10,200) than enrolled families (mean = \$10,649; median = \$9,930). FACES respondents reported still higher incomes (mean = \$14,097; median = \$13,200) than the SIPP respondents, but FACES data reflect household income, while SIPP data reflect family income. When income and family size data were measured against the FPL, over four fifths of both enrolled (82.6%) and non-enrolled (85.9%) respondents reported family incomes below the FPL. The distribution of incomes below the FPL differs between the two groups, however. A significantly larger proportion of respondents from enrolled families (42.3%) reported family income below 50% of the FPL than did their non-enrolled counterparts (34.9%). Only 16.9% of the FACES respondents reported household incomes below 50% of the FPL. With respect to other sources of support, the respondents from enrolled SIPP families uniformly reported significantly higher rates of participation across the five support programs (including Medicaid and public/subsidized housing) than did respondents from non-enrolled families.

When asked about the health status of their children, 51.6% of SIPP respondents from enrolled families reported that the health status was excellent or very good, significantly less than the 63.0% of respondents from non-enrolled families, and less than the 75.3% of FACES respondents answering the same question.

In terms of child care arrangements, parents from both enrolled and non-enrolled families reported similar patterns: Slightly more than two fifths used a family member or friend and between one fifth and one quarter used center-based day care. The percentages of Head Start FACES families reporting child care use were lower across all categories, but this finding was expected because in the FACES interview, respondents were asked about the use of child care in addition to Head Start.

In summary, among the designated parents or guardians of the Head Start-age children who constituted the SIPP respondent sample, the respondents from enrolled families tended to be younger and less often married. However, respondents from both enrolled and non-enrolled families reported similar education and employment patterns. While non-enrolled families reported higher mean and median incomes, a greater proportion also reported incomes below 50% of the FPL and lower participation in support programs than did enrolled families. While one may expect that Head Start had an impact on this finding, the available data were not able to show if these differences in program participation were due to the efforts of Head Start.

Exhibit 2-12						
Characteristics of 3- to 5-Year-Old Children and Their Families from the SIPP, by Head Start Eligibility and Enrollment ²⁰						
Dataset: SIPP 1993 Panel, Wave 9 (Weighted)						
(Numbers in thousands)	All Children Age Age 3- to 5-years			Head Start Eligible Children Age 3- to 5-years		
Characteristic	Total (n = 11,226)	FACES Fall 1997 (n = 3,156)	Enrolled in Head Start (n = 678)	Total (n = 3,075)	Enrolled in Head Start (n = 418)	Not enrolled in Head Start (n = 2,656)
Family Description						

Number in household ²¹						
Number in family	Mean = 4.3	Mean = 4.5	Mean = 4.4	Mean = 4.5	Mean = 4.3	Mean = 4.6
Number of children under 18 years	Mean = 2.5	Mean = 2.6	Mean = 2.7	Mean = 2.9	Mean = 2.8	Mean = 3.0
Child race or ethnicity						
White (non-Hispanic)	67.2%	27.7%	39.3%	42.4%	28.9%	*44.5%
Black (non-Hispanic)	13.3	36.9	39.8	26.6	49.1	*23.1
American Indian, Eskimo, Aleut	0.8	1.9	1.0	1.2	1.5	1.1
Asian or Pacific Islander	3.7	1.1	4.1	4.0	2.3	*4.2
Hispanic	15.1	24.2	16.0	26.0	18.2	*27.1
Age of primary caregiver ²²						
Less than 20 years	0.4%	2.4%	2.0%	1.0%	3.2%	*0.7%
20-29 years	36.3	59.3	61.6	53.1	64.7	*51.3
30-39 years	53.4	29.0	29.2	35.8	24.5	*37.5
40 years and older	10.9	9.3	8.3	10.1	7.6	*10.5
Mean	32.1	29.7	29.8	30.5	29.3	30.7
Median	32.0	28.0	28.0	29.0	27.0	29.0
Marital status						
Married	76.9%	42.7%	40.1%	42.5%	20.7%	*45.9%
Formerly married	11.9	21.3	21.15	26.7	24.9	27.0
Never married	11.2	36.0	38.78	30.8	54.4	*27.1
Education						
Primary caregiver's education ^{23c}						
Less than high school diploma	18.3%	27.6%	28.1%	39.7%	40.8%	39.6%
High school diploma	33.5	36.5	42.3	35.2	38.8	34.6
GED	-----	-----	-----	-----	-----	-----
Some college	48.3	33.5	29.6	25.1	20.5	*25.8
Bachelor's degree or higher	-----	2.8	-----	-----	-----	-----
Currently in school or training	6.7%	22.8%	14.8%	12.2%	17.0%	*11.4%

Employment						
Employment status²⁴						
Employed: full-time	42.0%	34.4%	32.3%	17.1%	16.6%	17.2%
Employed: part-time	13.4	17.4	13.2	8.4	9.2	8.3
Unemployed	3.4	19.7	11.2	8.5	16.4	*7.3
Not in labor force	41.3	28.0	43.4	66.0	57.8	*67.3
Multiple jobs concurrently	1.6%	3.9%	2.2%	1.2%	2.4%	*1.0%
Family Income and Program Participation						
Total family annual income²⁵						
Mean	\$40,472	\$14,907	\$21,317	\$12,618	\$10,649	*\$12,928
Median	\$34,548	\$13,200	\$15,366	\$10,116	\$9,930	\$10,200
Federal Poverty Level (FPL)²⁶						
Income < 50% of FPL	9.8%	16.9%	26.3%	35.8%	42.3%	*34.9%
Income btwn 50-99% of FPL	13.5	36.9	25.0	49.6	40.3	*51.0
Income btwn 100-199% of FPL	22.5	36.2	29.6	11.0	15.0	*10.4
Income 200% or > FPL	54.2	10.0	19.1	3.7	2.4	3.7
Other sources of support						
AFDC	12.9%	30.6%	38.4%	46.9%	62.3%	*44.5%
Supplementary Security Income	2.8	13.4	8.6	10.4	14.0	*9.8
WIC	11.5	56.1	32.2	30.2	42.2	*28.4
Food Stamps	18.0	50.2	49.3	59.0	70.0	*57.2
Housing						
Public or subsidized housing	8.9%	22.1%	25.4%	26.4%	41.1%	*23.8%
Number of moves in previous 12 months²⁷						
None	-----	64.3%	-----	-----	-----	-----
One or more		35.2				
Health Status/Insurance Coverage						
Primary caregiver health status						
Excellent		21.3%				

Very good	-----	28.4	-----	-----	-----	-----
Good		33.8				
Fair		14.4				
Poor		2.2				
Child health status						
Excellent	49.0%	44.8%	28.4%	37.0%	32.1%	*37.7%
Very good	23.2	30.5	21.3	24.5	19.5	*25.3
Good	8.1	18.0	15.8	11.2	16.8	*10.3
Fair	2.2	6.2	5.1	5.8	4.5	6.0
Poor	0.3	0.4	0.0	1.1	0.0	*1.3
Child disability	-----	17.6%	-----	-----	-----	-----
Child health insurance coverage²⁸						
Private	62.3%	31.4	29.1%	17.7%	10.9%	*18.8%
Medicaid	24.3	59.3%	55.5	71.3	76.3	*70.5
Other	-----	-----	-----	-----	-----	-----
Child Care Arrangements						
Arrangements²⁹						
Family/friend	40.5%	19.2%	46.1%	42.6%	44.6%	42.3%
Family day care	9.2	2.4	5.7	6.3	6.3	6.3
Center-based day care	27.9	6.1	24.4	24.6	22.6	25.0
Hours/week in primary arrangement	Mean = 32.7	Mean = 19.2	Mean = 28.8	Mean = 29.4	Mean = 28.2	Mean =

PSID. Exhibit 2-13 contains findings from the PSID for families with children aged 3- to 5-years. As with the previous sections, the discussion will focus on the characteristics of eligible enrolled and non-enrolled families, with references to the Head Start FACES data. The respondents for the PSID were the heads of the households, who were typically adult males (79.4% of the household heads in this subsample were male).

Enrolled PSID families had an average of 4.6 family members and 3.0 children under 18 years, with the latter being significantly greater than non-enrolled families (2.6) and more than the Head Start FACES families (2.6). In the PSID, race and ethnicity data were only collected for head of household. While the non-enrolled group had a significantly higher proportion of White (non-Hispanic) respondents (60.1%) than the enrolled group (41.2%), the enrolled group was more evenly balanced between Black (non-Hispanic) (48.0%) and White (non-Hispanic) (41.2%) respondents, and contained a significantly greater proportion of Black (non-Hispanic) respondents than the non-enrolled group (24.8%). The racial and ethnic distribution of the respondents in both PSID groups was more weighted towards Whites and Blacks (non-Hispanic; 89.2% combined) than FACES, which had a larger proportion of non-White and non-Black children (27.2%).

The age distribution of the household heads was virtually identical for both the enrolled and non-enrolled respondents, with each group reporting that almost two fifths of the primary caregivers were in their twenties (38.9%, 37.8% respectively) or in their thirties (38.6% for both groups). Among the FACES primary caregivers, three fifths (59.3%) were in their twenties. Approximately one quarter (26.1%) of the PSID respondents from enrolled families reported being married (including 'separated' respondents), while a significantly larger proportion (37.9%) of their counterparts from non-enrolled families reported being married. The remaining respondents in both groups were evenly split between formerly married and never married. Over half (51.3%) of the FACES respondents reported that they were married.

While just under half of the PSID household heads from enrolled (49.0%) and non-enrolled (45.4%) families reported less than a high school diploma, one tenth (9.9%) from enrolled families reported some college, compared with one quarter (24.6%) from non-enrolled families reporting some college or higher. By contrast, among the primary caregivers responding in the FACES study, a lower proportion reported less than a high school diploma (27.6%), and a higher proportion reported some college or higher (36.3%).

Just over one half of household heads from enrolled and non-enrolled families reported full- or part-time employment, which, in turn, was similar to the percentage of FACES primary caregivers reporting full- or part-time employment (51.8%). While mean and median incomes appeared to be somewhat similar for household heads from both enrolled and non-enrolled families, a higher proportion of the respondents from enrolled families (89.8%) reported family incomes less than the FPL than did their counterparts from non-enrolled families (77.7%). A significantly greater proportion of the enrolled families than the non-enrolled families fell between 50% and 99% of the FPL. FACES respondents generally reported higher (household) incomes and lower poverty experience. Significantly higher proportions of PSID respondents from enrolled families reported participation in social support programs than did non-enrolled respondents, including the use of housing subsidies. With respect to Medicaid, the percentage of respondents from enrolled families (55.8%) reporting participation was still higher than the percentage reported by the respondents from non-enrolled families (51.4%), but this difference was not significant.

While there were no data collected for the PSID regarding child health status, a higher percentage of household heads from non-enrolled families (48.9%) reported that their own health status was either excellent or very good than did household heads from enrolled families (41.0%). Among FACES respondents, 49.7% reported being in excellent or very good health.

In summary, while the age distributions for the household heads from both enrolled and non-enrolled families and the employment experiences reported by both groups were quite similar, the respondents from non-enrolled families were more often married and were more likely to have reported some college education or higher. While both enrolled and non-enrolled respondents reported poverty-level incomes and use of social support program participation by more than one half of the families, in both cases, the proportions were consistently higher for families in the enrolled group.

Exhibit 2-13 Characteristics of 3- to 5-Year-Old Children and Their Families from the PSID, by Head Start Eligibility and Enrollment

Dataset: PSID1993 Survey (Weighted Data)

Characteristic	All Children Age Age 3- to 5-years			Head Start Eligible Children Age 3- to 5-years		
	Total (n = 11,122)	FACES Fall 1997 (n = 3,156)	Enrolled in Head Start (n = 2,051)	Total (n = 2,329)	Enrolled in Head Start (n = 1,158)	Not enrolled in Head Start (n = 1,171)
Family Description						
Number in household						

Number in family	Mean = 4.4	Mean = 4.5	Mean = 4.6	Mean = 4.4	Mean = 4.6	Mean = 4.3
Number of children under 18 years old	Mean = 2.5	Mean = 2.6	Mean = 2.9	Mean = 2.8	Mean = 3.0	*Mean = 2.6
Race or ethnicity³⁰						
White (non-Hispanic)	76.7%	27.7%	41.7%	51.4%	41.2%	*60.1%
Black (non-Hispanic)	17.2	36.9	49.5	35.5	48.0	*24.8
American Indian, Eskimo, Aleut	0.2	1.9	0.5	0.2	0.4	0.0
Asian or Pacific Islander	0.0	1.1	0.0	0.0	0.0	0.0
Hispanic	2.9	24.2	5.2	6.2	7.3	5.2
Age of primary caregiver³¹						
Less than 20 years	0.0%	2.4%	0.0%	0.0%	0.0%	0.0%
20-29 years	22.3	59.3	37.5	38.3	38.9	37.8
30-39 years	57.3	29.0	40.4	38.6	38.6	38.6
40 years and older	20.5	9.3	22.1	23.1	22.5	23.6
Mean	35.0	29.7	33.8	34.2	33.4	34.9
Median	33.0	28.0	31.0	32.0	30.0	33.0
Marital status						
Married	74.5%	51.3%	46.6%	32.5%	26.1%	*37.9%
Formerly married	13.6	12.6	25.4	33.6	36.0	31.5
Never married	12.0	36.0	28.1	34.0	37.9	30.7
Education						
Primary caregiver's education³²						
Less than high school diploma	20.0%	27.6%	36.7%	47.0%	49.0%	45.4%
High school diploma	33.6	36.5	42.5	28.5	33.5	24.3
GED	4.4	-----	5.9	6.7	7.7	5.8
Some college	18.9	33.5	11.2	13.7	9.9	17.1
Bachelor's degree or higher	23.1	2.8	3.8	4.0	0.0	* 7.5
Currently in school or training	-----	-----	-----	-----	-----	-----
Employment						
Employment status³³						

Employed: full-time	68.2%	34.4%	39.2%	24.5%	21.8%	26.9%
Employed: part-time	13.4	17.4	23.5	23.2	25.1	21.6
Unemployed	6.2	19.7	9.6	11.9	11.8	11.9
Not in labor force	11.1	28.0	27.4	36.3	40.6	32.7
Multiple jobs concurrently ³⁴	15.7%	3.9%	4.9%	6.4%	1.8%	*10.4%
Family Income and Program Participation						
Total family annual income						
Mean	\$46,106	\$14,907	\$20,273	\$11,738	\$11,276	\$12,133
Median	\$32,045	\$13,200	\$15,000	\$8,640	\$8,904	\$8,568
Federal Poverty Level (FPL)						
Income < 50% of FPL	9.9%	16.9%	22.6%	39.5%	35.9%	42.6%
Income btwn 50-99% of FPL	11.0	36.9	33.9	43.8	53.9	*35.1
Income btwn 100-199% of FPL	17.1	36.2	21.0	9.4	4.1	*13.9
Income 200% > FPL	61.9	10.0	22.6	7.3	6.1	8.4
Other sources of support						
AFDC	15.8%	30.6%	44.5%	63.0%	70.8%	*56.2%
Supp. Security Income (SSI)	2.9	13.4	12.6	11.7	20.0	*4.6
WIC	-----	56.1	-----	-----	-----	-----
Food Stamps	21.1	50.2	60.6	68.1	81.8	*56.4
Housing						
Public or Subsidized Housing	11.1%	22.1%	31.5%	28.6%	37.4%	*21.1%
Number of Moves in Previous 12 Months³⁵						
None	81.2%	64.3%	68.8%	70.9%	71.5%	70.3%
One	18.8	35.2	31.2	29.1	28.5	29.7
Health Status/Insurance Coverage						
Primary caregiver health status³⁶						
Excellent	24.5%	21.3%	11.5%	14.6%	7.8%	* 20.4%
Very good	35.7	28.4	33.8	30.7	33.2	28.5
Good	29.6	33.8	38.2	32.0	40.7	*24.5
Fair	7.4	14.4	9.7	17.9	11.5	*23.4
Poor	2.6	2.2	5.9	4.5	6.8	2.6
Child health status						

Excellent		44.8%				
Very good	-----	30.5	-----	-----	-----	-----
Good		18.0				
Fair		6.2				
Poor		0.4				
Child disability	-----	17.6%	-----	-----	-----	-----
Child health insurance coverage³⁷						
Private	-----	31.4%	-----	-----	-----	-----
Medicaid	15.9%	59.3	41.7%	53.4%	55.8%	51.4%
Other	-----	-----	-----	-----	-----	-----
Child Care Arrangements						
Arrangements						
Family/friend		19.2%				
Family day care	-----	2.4	-----	-----	-----	-----
Center-based day care		6.1				
Hours per week in primary arrangement	-----	Mean=19.2	-----	-----	-----	-----

2.5 Summary of Family/Household Databases

Appendix C is a summary exhibit, containing some of the findings presented previously for each of the specific datasets. For each national dataset, this exhibit presents two columns of findings: one for eligible, enrolled families and one for eligible, non-enrolled families. This represents a different form of presentation for the same findings that were discussed in Chapter 2.

This exhibit allows the reader to review the findings of the various datasets side by side. However, as noted earlier, while some variables are comparable across datasets, others do not readily lend themselves to direct comparison, and to attempt to do so could lead to erroneous conclusions.

2.6 Conclusions Regarding Findings from the Secondary Data Analyses

The following is a summary of the review of existing data described in this chapter:

- The Head Start PIR indicated that about 4% of recruited children left before actual initiation of services and an additional 15% left after services were initiated. However, over 85% of these children were replaced within 30 days, suggesting that a pool of eligible children was available to most Head Start programs for the replacement of children who dropped out of the program.
- Head Start FACES interviews with Social Service Coordinators and Center Directors indicated that, at the beginning of the program year, over 80% of programs and centers had a list of children available for replacement of children that left the program. Thus, many Head Start programs appeared to have access to children over and above those currently being served.
- The FACES Program Drop Reports showed that family moves were the most frequent reason for withdrawal from Head Start (42%). Other common reasons for withdrawal were enrollment in another program (23%), poor attendance (7%), family or personal problems (6%), and

transportation difficulties (6%).

- Three national datasets (The NLSY79, the SIPP, and the PSID) contained extensive information about family characteristics. Ultimately, comparisons across data sets were difficult because information was obtained at different time points using different respondents, different questions, and different methods for ascertaining family income. Nevertheless, each of the data sets indicated that a substantial number of families with incomes below the Head Start income-eligibility criteria and with children eligible for Head Start services were present across the nation. Families with children enrolled in Head Start generally received higher levels of supplemental services, including subsidized housing and Medicaid, but it was not clear if this difference reflected a consequence of Head Start enrollment.

The intent of the review of existing data sources was to investigate what can be learned about the characteristics of Head Start-eligible families, whether enrolled or not enrolled in the program. While the three national data sets provided valuable information regarding the Head Start-eligible population, they generally did not provide consistent, comparable information that might allow building valid conclusions regarding differences and similarities between the Head Start eligible and non-eligible populations.

Each of the national data sets provided a snapshot of particular characteristics associated with the target group of families (i.e., the "Missing FACES"). However, collectively they offered a limited perspective of who Head Start-eligible families really were. Due to their original focus, these national data sets did not provide information about what eligible families knew about Head Start, how families obtained this information, and why families were or were not participating in the program. Although reasonable to question the accuracy of the parents' ability to correctly report on whether or not their children attended Head Start, the validity of these data are strengthened by the ongoing work of the Early Childhood Longitudinal Study (ECLS-Kindergarten cohort), which supports the notion that parents do respond accurately to this question. In the ECLS-K, parents of kindergarten children were asked whether their children attended Head Start during the previous year, and project staff verified the responses for children reported to be in Head Start. As noted, recall periods do vary for the national datasets, and longer periods, such as those that may have been used for the PSID, could restrict the level of accuracy noted for the ECLS-K.

Similarly, the Head Start PIR data and the Head Start staff interviews provided only limited information because they do not provide background information to explain families' choices for their children. A strong need for valid and reliable information on eligible but non-enrolled children and their families continues to exist.

¹¹An asterisk is used to represent a significant difference between eligible enrolled versus eligible non-enrolled children for each characteristic analyzed. Statistical significance was tested at the .05 level.

¹²Household refers to all individuals sharing the respondent's primary residence at the time of the interview. A family includes all those in the household related by blood, marriage or adoption.

¹³Primary Caregiver refers to the respondent. The NLSY79 CHILDREN sample includes children born to female NLSY79 respondents. These women were between 14 and 21 years of age on January 1, 1979, and, consequently, were between the ages of 31 and 38 during the 1996 survey.

¹⁴Education was defined as the highest grade completed. Thus, if a person completed 12(th) grade, it was assumed that the person graduated high school. Anyone reporting more than 12 years of schooling was placed into the 'Some College' category.

¹⁵Employment Status: 'Employed' indicates those who were employed or self-employed during the previous week. 'Part-time' employment is reported for those who usually work less than 30 hours per week. 'Unemployed' refers to those who, during the previous week, were either laid off, or were available and looking for work. 'Not in Labor Force' includes retired, disabled, and those not in the labor force for some other reason.

¹⁶Total Family Annual Income includes income of related family members (see Footnote 1) reported for the 1995 calendar year. NLSY income includes amounts received for Food Stamps.

¹⁷Frequencies for poverty level were calculated only using families with data on both family size and family income.

¹⁸ FACES-Based on number of moves in past 12 months.

¹⁹ Insurance Coverage is defined as having health insurance coverage at the time of the interview. 'Private' includes "health insurance provided either by an employer or by an individual plan." 'Medicaid' indicates that the child was covered by Medicaid at the time of the interview.

²⁰ An asterisk represents a significant difference between eligible enrolled vs. eligible not enrolled children in each dataset per characteristic analyzed. Statistical significance was tested at the .05 level.

²¹ Household is defined as the household of the 'household reference person' (respondent) and may include related and non-related persons. 'Family' refers to a group of two or more people related by birth, marriage, or adoption who reside together.

²² The Primary Caregiver is defined as the designated parent or guardian of the child (as reported by the SIPP respondent).

²³ Education was defined as the highest grade completed. Thus, if a person completed 12(th) grade, it was assumed that the person graduated high school. Anyone reporting more than 12 years was placed into 'some college.'

²⁴ Employment Status: 'Employed' indicates those who were employed or self-employed during the previous month. 'Part-time' employment is working less than 30 hours per week. 'Unemployed' refers to those who were not employed during the previous month but were available for and looking for work. 'Not in Labor Force' refers to those who were neither employed nor unemployed.

²⁵ Total Family Annual Income includes income of related family members (see Footnote 1) reported for the 1995 calendar year.

²⁶ Frequencies for poverty level were calculated only using families with data on both family size and family income.

²⁷ FACES-Based on number of moves in the past 12 months.

²⁸ Insurance Coverage is defined as having health insurance coverage the previous month. 'Private' includes private insurance, CHAMPUS, CHAMPVA, and military coverage. 'Medicaid' indicates that the child was covered by Medicaid.

²⁹ Child care arrangements include data on the primary child care arrangement (if there were multiple arrangements) used for 10 hours or more per week.

³⁰ Refers to Head of Household.

³¹ Refers to Head of Household.

³² Refers to Head of Household.

³³ Refers to Head of Household.

³⁴ Based on whether ever worked more than two jobs concurrently in past year.

³⁵ One move means 'one or more moves' in the past year.

³⁶ Refers to Head of Household.

³⁷ PSID only reports on Medicaid.

3.0 Fall 1999 and Spring 2000 Site Visits

3.1 Overview

In 1987, John Love and Jane Grover completed a study for Head Start, focusing on recruitment and enrollment activities (Love & Grove, 1987). Specifically, they interviewed staff from local Head Start programs to document their perceptions of eligible families and the ways that Head Start reached out to eligible families in need of services. Their work was the first to detail problems that staff encountered in getting families into the program (and keeping them there) as well as strategies that were used in addressing these problems.

Similarly, the current study sought to examine how programs were reaching out to serve differing populations of low-income families and to learn about eligible families who do not use Head Start. Nine Head Start sites were visited in the fall of 1999, while two additional site visits took place in the spring of 2000. The selection of individual Head Start programs to participate in this feasibility study was based on overall program size and representation of the original FACES sampling strata: region, urbanicity, and minority membership. At least one urban and one rural Head Start program in the Northeast, Midwest, South, and West was selected. At each of nine locations, two focus groups with staff were completed. The first involved administrative staff, and the second included field staff involved in recruitment and enrollment activities. An additional program was added to the focus groups conducted at the rural Midwest site and to the urban West site. This resulted in a total of 11 programs participating in nine pairs of focus groups.

The first round of visits was to review selected Head Start records on recruitment, to solicit information on recruitment and enrollment procedures from Head Start staff, and to discuss impressions of Head Start with parents who had the opportunity for their children to attend, but chose not to use the program. The second set of visits was to test the feasibility of identifying, contacting, and interviewing families who were in the Head Start-eligible population but not using Head Start services.

This section presents the following summaries of local community descriptions as well as findings from both sets of site visits. These findings include:

- A description of Head Start programs and the communities they serve, including the particular needs addressed by the programs and information about enrollment and recruitment decisions,
- Findings from focus groups conducted with Head Start staff and non-enrolled families,
- Reviews of program recruitment records,
- Reviews of program waiting lists,
- Findings from community service providers about Head Start's partnerships with other Federal, State, and community level organizations that serve low-income children and their families, and
- Assessments of the potential for completing interviews with a sample of non-enrolled, eligible parents, with a summary of the pilot interview findings.

3.2 Program Descriptions

Upon selection, each participating program was asked to provide copies of their most recent community assessment, as well as a listing of the eligibility criteria that the program uses to prioritize families for enrollment. This section summarizes this information, highlighting the range of characteristics that was evident across the participating programs.

3.2.1 Site Descriptions

As part of their enrollment and recruitment activities, each Head Start program is required under the Program Performance Standards to complete a community assessment that examines and documents the specific needs of the population it serves. Community characteristics, such as geographic size, community type (i.e., urban, rural, or suburban), availability of child care and other services for low-income families such as health, education, social, and nutrition services, and general demographic information (i.e., ethnicity, employment and income levels, education, and prevalence of disabilities among preschool children), are required. In addition, documentation of any specific challenges faced by their particular communities that may impact low-income families are also expected to be addressed.

Of the seven programs that responded to the request for a copy of their most recent community assessment, five submitted their formal community assessment, one submitted a re-funding application, while another ³⁸ provided newspaper clippings, maps and the results of a welfare reform survey administered to its Head Start staff. As expected, there was substantial variation in the content and quality of information presented, especially in the data sources used, the comprehensiveness of the data presentation, and the translation of data into articulated community needs. In general, programs uniformly provided information on the geographic size and location of the communities they served, and the characteristics of the population they served, such as ethnicity, employment and income levels, and education.

Census data from 1990 was the most frequent data source used by the Head Start programs to compile their community assessments. Some programs reported using locally-derived data, such as information from state agencies, regional planning boards, economic development groups, local hospitals, advocacy groups and school districts in conjunction with Census data. Other programs relied heavily on data generated from internal surveys of Head Start staff and families to discuss their community characteristics and needs. Exhibit 3-1 presents a summary of community characteristics as reported by each of the Head Start program sites.

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Exhibit 3-1 Summary of Community Characteristics of Head Start Programs

Program 1:

This is a large, rural county in the Northeast. It covers 1,460 square miles and is one of the most rural of the State's counties. Over one third of all land parcels in the county are owned by nonresidents.

Population/Ethnicity:

Over the past decade the county's population has remained relatively constant at about 47,000 people or about 2% of the State's population. During the past decade, the percentage of elderly persons has risen disproportionately. The county's average population density is 33 persons per square mile, although in some areas the population density is only 9-10 persons per square mile. The county's racial composition is largely White; only 1.9% of all residents are non-White. Of the county's 17,646 households, about 6,500 of these are households containing children. Family units average 3.07 persons.

Employment and Income:

Unemployment and underemployment are major problems in this rural county. The county's estimated family income in 1995 was \$31,700, the fifth lowest in the State. As of June 1996, there were 16,400 persons working in non-agricultural occupations in the county, representing a net loss of several hundred over a two year period. Of these, 11,500 persons were employed in service industries (e.g. wholesale and retail, government, services), while 4,900 were employed in goods producing industries (e.g.

construction and mining, and manufacturing). Statistics from 1989 indicate that average per capita income for White residents was about \$11,000, while for Blacks and Hispanics it was close to \$7,000. It was estimated in 1994 that close to 15% of the county's population, or slightly more than 7,000 people, were in poverty.

Program 2:

This program covers a large, urban county in the East.

Employment and Income:

Over the past two decades, this county has lost a substantial amount of its manufacturing and heavy industry businesses. This has been replaced by service employment, specifically education and health care. About 1 in 12 county families live below the poverty line. Approximately 16,000 children under the age of five live in poverty. In 1995, nearly 70,000 individuals were receiving cash assistance and about 127,000 were receiving food stamps.

Program 3:

This program covers two counties in the rural Southeast. The larger county contains 1,652 square miles and is less than 100 miles from many of the State's resorts and vacation areas. In addition, about one fourth of the county is national forest land. Much of the county land is designated for agricultural use. There are five incorporated municipalities within the county. The smaller county contains 629 square miles, with much of the land designated for future residential development.

Population and Ethnicity:

In 1997, the population of the larger county was 237,494, with an anticipated increase to 254,139 by the year 2000. It was also estimated that by 2000, the gender/racial distribution of the population would be as follows: 40.3% White male, 43.3% White female, 6.5% Black female, 5.9% Black male and 4% all others. Further, it was anticipated that over 25% of the population growth by year 2000 would be of persons ages 65 and older.

In 1997, the population of the smaller county was 111,828 as compared to 93,515 seven years earlier. Over 71% of this population growth is attributed to migration. The 1990 Census report indicated that this county was 97% non-Hispanic Whites and about 2% Black. The average family size is 2.47 persons per household. Seventy-one percent of children 18-years old and younger reside in two-parent households, about 18% in single-parent households, and the remaining 10% in a household headed by neither parent.

Employment and Income:

1997 statistics suggested that about 19% of the larger county's population was designated as "poor" and over one fourth of these people were children aged 5-17. At that time, the median household income was \$23,200, while the majority of families served by this Head Start program during the previous year earned \$15,000 or less. In the county, 57% of the K-5 schools reported a student poverty rate of over 50%. As of January 1998, the county had 36 families residing in emergency shelters and about 200 families with children 5-years old and younger under protective services.

In the smaller county, 50% of the K-5 schools have a poverty student enrollment of greater than 50%. No further information was provided about this county.

Program 4:

This Head Start program serves five Midwestern counties.

Employment and Income:

Poverty is increasing in the counties served by this Head Start program. Female-headed households with children under 5 years of age represent the largest group of persons living in poverty, with a high of 65% in County A to a low of 44% in County D. The following chart provides additional information on poverty levels and median household incomes for these counties, as reported for 1995.

County	# Living in Poverty	% of Population	Median Household Income
A	2,263	6.1%	\$46,316
B	23,950	6.5%	\$50,747
C	6,030	7.8%	\$40,002
D	1,603	3.3%	\$54,334
E	1,863	5.2%	\$46,860

Many residents live in one county and work in another. Of the counties served by the program, labor force participation includes administrative support-clerical positions, precision crafts occupations, State-supported jobs, and manufacturing.

Population and Ethnicity:

The following chart shows the distribution of the population by ethnicity, completed in 1997.

County	Population	White	Black	Hispanic	Asian	Other
A	37,922	90%	< 1%	9%	< 1%	< 1%
B	380,801	74%	7%	17%	< 1%	2%
C	83,602	90%	3%	4%	< 1%	3%
D	49,856	93%	< 1%	6%	< 1%	< 1%
E	36,253	96%	< 1%	3%	< 1%	< 1%

Educational Attainment:

1990 Census data indicates that overall, the percentage of residents age 25 and older having completed high school in the five counties served by the program is higher than the national average of 75.2%. In County C, it is the highest, with nearly 84% of this population having finished high school.

Public Housing:

There is a large gap between availability of public housing and need in these counties. In one county, the waiting list is years long. The program suspects that homelessness may be greater than reported because the Census numbers only include those persons who are in shelters and does not reflect a count of those using less reliable housing.

Program 5:

This Head Start program serves two counties in a split urban-rural area halfway

between two large Midwestern cities.

At the time of our study, this Head Start program was applying for its Head Start grant renewal. Staff of the program felt that the current community assessment did not accurately reflect community conditions, in part, because of the State's welfare reform program which, as of September 1997, requires that all former AFDC recipients with children older than 12 weeks of age be involved in work activities.

Employment and Income:

As of January 1998, the first county had a relatively low unemployment rate of 3.5%. About one third of the county's jobs are in manufacturing, followed by service-related, retail and public administration. Average median household income in July 1996 was approximately \$40,000.

Population and Ethnicity:

In the first county, about 6.9% of children under 18-years of age live in poverty. This county is overwhelmingly White, about 98%, according to the 1990 Census. Among minorities, Latinos are the most numerous, about 1.6%.

In the second county, approximately 18% of children under 18 years of age live in poverty, according to 1996 statistics. Overall, the population of this county is increasing and it is anticipated that the absolute number of children living in poverty will likewise increase, creating a larger group of potential Head Start-eligible children. Of the county's 3- to 5- year olds, 3.1% are minority, 10.6% are disabled and 8.6% qualify for free/reduced lunches.

Program 6:

This Head Start program serves families in one county in the Southwest. No other data were available

Program 7:

This Head Start program serves three rural counties in the upper Northwest.

Population and Ethnicity:

The first county is 1,123 square miles. Its population is 23,800 people, spread out across 24 towns and small cities. The second county occupies an area of 873 square miles, with a population of 34,500, while the third county is 687 square miles in area with a population of 42,500 people. The population of all three counties is predominately White, accounting for more than 93% of the population. All of the counties have experienced a gradual increase in population over the last several years.

Program 8:

This Head Start program serves five rural counties in the Southern United States.

Employment and Income:

There are about 53,000 residents in the labor force in the program's service area. Among the approximately 1,280 Head Start families, about 47% are not employed, 44% are employed full-time, and the remaining 9% includes families who are working part-time, in school or training, retired, disabled or performing seasonal work. Most

jobs available to Head Start families are entry level service and factory worker jobs that offer minimum pay and limited benefits. About 70% of the Head Start families are not TANF recipients, while the other 30% receive TANF support. In 1998, the average annual income of one third of Head Start families was below \$3,000.

Educational Attainment:

Seventy percent of the program's Head Start parents have less than a high school education.

Program 9:

This is a large, Midwestern urban program consisting of 13 centers and is one of over 70 delegate agencies for the grantee. In a few of the centers, the program provides child care services as well as Head Start.

Program 10:

This Head Start program is located in the West.

Employment and Income:

Seventy-nine percent of the program's families earn less than \$15,000 annually. While 96% of Head Start families are eligible for public assistance, only 55% receive it. Contributing factors include: welfare reform restrictions, immigration status, and issues associated with pride and a desire for self-sufficiency.

Population and Ethnicity:

The majority of the estimated 200,000-250,000 population of this program's service area is Latino, typically of Mexican heritage. In addition, there are sizable numbers of residents from Central and South America, Southeast Asian countries, and of Armenian heritage. In 1998, about 5,000 children under the age of four are income-eligible for Head Start services, an increase of 41% from 1995.

Program 11:

This Head Start program, whose auspice is a non-profit agency, enrolls over 6,700 children, mostly Hispanic. This grantee offers multiple schedule options, including part-day, full-day, and twilight care (3:30pm to 11:00pm).

3.2.2 Program Needs. While some of the participating Head Start programs documented factual information regarding the challenges faced by their particular communities, they presented little or no information about how they planned to address these needs. Instead, most programs focused on the needs of the families they served, or the needs of their program that they had a reasonable chance of influencing. The two most frequent program needs reported were 1) increasing enrollment capacity, and 2) enhancing partnership efforts. The family service needs most frequently reported were 1) health education and health services, and 2) education and employment services. Exhibit 3-2 summarizes program and family needs identified by each participating Head Start program.

Exhibit 3-2 Program and Family Needs Identified in the Community Assessments

Program 1:

- Secure and maintain meaningful employment
 - Make better use of available income
 - Obtain and maintain adequate and affordable housing
 - Obtain emergency assistance
 - Counteract conditions of hunger and poor nutrition
 - Obtain other services as needed by low-income families
 - Attain an adequate education
-

Program 2:

- Expand low cost child care services
 - Convert Head Start classrooms to full day/ full year
 - Increase "Welfare-to-Work" sites
 - Expand family child care
-

Program 3:

- Expand low-cost child care
 - Funding for before and after care for parents working or going to school
 - Improve inadequate transportation
 - Increase ability to serve more eligible children
 - Partner with local agencies to provide information and training on child abuse and neglect
 - Expand community partnerships to develop inter-generational experiences with senior population
 - Expand partnership with Hispanic community based upon emerging information of demographic shifts
 - Realignment of Head Start activities (home visits, parent meetings) to accommodate working hours
 - Health services
-

Program 4 and Program 5:

- Obtain and maintain adequate and affordable housing
 - Improve inadequate transportation
-

Program 6:

- No information provided
-

Program 7:

- No information provided
-

Program 8:

- Continuation of Head Start center-based program: 5 days/week, 6 hours/day for 3- to 5-year-old children
 - Establish a pre-Head Start program
 - Incorporate a comprehensive preventive and corrective program of environmental health education into the parent education curriculum
 - Expand partnerships with agencies to enhance GED program offerings, tuition and transportation
 - Identify and recruit Head Start-eligible children from State-certified day care
 - Provide greater parent/community involvement and support in public education through transition and tracking activities
 - Encourage more medical specialists to accept Medicare and Medicaid patients
-

Program 9:

- No information provided
-

Program 10:

- Provide opportunities for parents to develop civic awareness and pride in their communities
-

Program 11:

- No information provided.
-

3.2.3 Head Start Eligibility Criteria

In an effort to meet their mandate of responsiveness to community needs, individual Head Start programs establish eligibility criteria for entry into their program. Ten³⁹ of the participating Head Start programs were asked to submit a copy of their program's eligibility criteria. While there were some common eligibility requirements reported across programs, these eligibility criteria also reflected the unique characteristics of each particular community being served. One large urban program even developed a separate list of criteria for each center. Nine of the ten reporting Head Start programs assigned points or a weight to each factor, but these weights were not comparable across programs.⁴⁰ Exhibit 3-3 summarizes the listed criteria across programs (without consideration of weights or points), with attention given to urban and rural differences. In the case of the one program where criteria were set by the individual centers, these criteria were collapsed into a single representation for the entire program.

Exhibit 3-3 Head Start Eligibility Criteria, Across Sites.

	UrbanSites					RuralSites					
Criteria	02	03	06	09	10	01	04	05	07	08	Total
Age Factors											
4-years plus (missed kindergarten cutoff)				✓		✓		✓	✓	✓	5
Within age range (3- to 5-years, prioritize by age, oldest have highest priority)				✓			✓		✓	✓	4
Within age range (3- to 5-years, not prioritized)	✓			✓	✓						3
3-years old			✓								1
4-years old			✓								1
Waiting list for over one year									✓		1
Family Status Factors											
Number of parents in household	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10
Alternate caregiver (e.g., grandparent, foster parent, other relative)	✓	✓	✓	✓	✓		✓	✓	✓	✓	9
Number of siblings (many or none)		✓	✓	✓	✓	✓					5
Age of parent (very young, very old)		✓		✓	✓	✓					4
Ethnic minority						✓					1
Non-English speaking family				✓							1
Health and Disability Factors											
Disability - child	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10
Disability - other family member	✓	✓	✓	✓			✓		✓	✓	7
Impaired health - child				✓		✓	✓	✓	✓	✓	6
Impaired health - other family member		✓				✓	✓		✓	✓	5
Risk Factors											
Referral from another agency	✓	✓		✓	✓	✓	✓	✓	✓	✓	9
Stressful family/personal situation/crisis (e.g., death of parent, incarcerated parent, marital stress)		✓		✓	✓	✓	✓	✓	✓	✓	8
Physical abuse / neglect		✓		✓	✓	✓	✓		✓	✓	7
Alcohol, substance abuse		✓		✓	✓	✓					4
Socialization needs				✓		✓		✓			3
Pregnant mother in shelter				✓							1

Abnormal test results / untestable								✓			1
Illiterate parents								✓			1
Child behavior problems								✓			1
Work / Income / Housing Factors											
Level of income relative to FPL		✓	✓				✓		✓	✓	5
Parent works/attends school or training	✓		✓	✓		✓					4
Poor/unsafe housing conditions; homeless				✓	✓	✓		✓			4
TANF Recipient			✓	✓				✓			3
Unemployed family members	✓										1
High medical bills						✓					1
No TANF or Medicaid, but in need				✓				✓			1
Rural isolation								✓			1
Head Start Experience											
Child/family currently enrolled in Head Start	✓	✓		✓			✓			✓	5
Parent has Head Start experience								✓			1
Head Start transfer					✓						1
No previous Head Start experience								✓			1
Completed Head Start medical and dental forms			✓								1

Common criteria, reported by at least seven of the ten programs, included parental status (typically a single-parent family or a family having an alternate caregiver, such as a grandparent, foster parent, or relative), children with disabilities or families that had another member with a disability, families that were referred to Head Start by another social service agency, families that were experiencing particularly stressful times (e.g., the death of a parent, an incarcerated parent, or marital stress), and families for which there was evidence of physical abuse or neglect.

In reviewing the eligibility risk factors, attention was also given to the application of weights (or points) by specific programs to the different factors. This was done by 9 of the 10 programs. Higher weights increased the likelihood of enrollment for families having that risk, with enrollment decisions typically based on the total points accumulated by a family. Therefore, the eligibility risk factors were reviewed to determine which were given the highest weights by each of the programs (given the large number of risk factors reviewed by programs, the top five -- those carrying the five highest weights within a program -- are discussed). The review found little consistency across programs in the assignment of weights for the risk factors. The only risk factor that consistently carried a top five weight was for a child with a previously diagnosed disability. This risk factor carried a top five weight in 8 of the 9 programs. No other risk factor was listed among the top five weighted factors by more than five programs. The only top five risk factors used by at least five programs included 1) a child who was at least 4.5 years of age; 2) a family referred to Head Start by an outside agency; and 3) a family with an income well-below the FPL (either lower than 50% or lower than 25%, depending on the program). All other eligibility risk factors carried top five weights in three programs or less. For example, children from families with histories of substance abuse received top five weights from only

three of the programs. Just as in the selection of the risk factors themselves, the development and application of weights likely reflect specific concerns about the local communities as well as Head Start's ability to address the risk factor.

An interesting pattern among the eligibility criteria also emerged within the groupings of urban programs and rural programs. For age factors, rural programs were more likely to focus on enrolling children who were 4-years old than children who were 3, while urban programs noted little preference for 3-year olds or 4-year olds. Among the family status eligibility factors, rural programs were more likely to target children who were living with non-parents, while urban programs focused on children who had a large number of siblings and children who had parents who were either very young or very old. While it was noted that all programs targeted both child and other family member disabilities as important factors, rural programs were equally interested in reaching children or other family members who are experiencing serious health problems, a risk rarely cited by urban programs. Slightly more urban programs than rural programs listed alcohol or substance abuse as an eligibility risk factor.

With regards to work and income, five of the ten programs considered the level of income relative to poverty status in determining eligibility. In other words, these programs examined each family's income relative to the FPL, with a special interest in the families that fell furthest below this line. A majority of the urban sites also accounted for whether the family has a parent who is working or is attending school or a training program, a consideration for only one rural site.

3.3 Focus Group Overview

In each of the nine selected Head Start focus group sites, two staff focus groups were conducted. Administrative staff, knowledgeable about their program's recruitment, enrollment, and retention policies, were invited to participate in the first focus group; field staff who had primary responsibility for doing program outreach and recruitment were invited to participate in the second focus group. At three sites, focus groups were also conducted with parents of preschool children who were eligible for Head Start, but not currently enrolled.⁴¹ One of the three parent focus groups was conducted in Spanish. Focus group topic areas and cross-site findings are presented in the sections that follow.

3.3.1 Focus Group Methodology

Instrument Development. Using the stated objectives for the project as a framework, moderator guides were prepared to be used for each type of focus group: Head Start administrative staff (e.g., Program Directors, Coordinators, Center Directors), Head Start outreach and recruitment field staff (e.g., Family Service Workers, Teachers, Assistant Teachers), and non-enrolled parents (families recruited to Head Start that never enrolled, families that enrolled in Head Start but never attended, families that enrolled and began the program, but dropped out early). Exhibit 3-4 presents the topics areas covered in each of the moderator guides. Copies of the three moderator guides are in Appendix D.

Topics	Admin	Field	Parent
• Identification of eligibility	✓	✓	
• Program outreach and recruitment	✓	✓	
• Description of recruitment staff	✓		
• Strategies to locate/approach/enroll families	✓	✓	

• Agreements with other agencies for referrals	✓	✓	
• Geographic limitations and overlap of service areas	✓	✓	
• Safety policies and issues	✓	✓	
• Cultural considerations	✓		
• Contacting families		✓	
• Risk factors for prioritizing enrollment	✓	✓	
• Characteristics/experiences of non-enrolled families		✓	✓
• Drop-out policies and follow-up	✓	✓	
• Waiting list policies and procedures	✓	✓	
• Other preschool options for parents	✓	✓	✓
• Use of Head Start Training and Technical Assistance	✓	✓	
• Perceptions of Head Start	✓	✓	✓

Subject Recruitment and Description. An On-Site Coordinator from each Head Start focus group site was retained by project staff to recruit Head Start staff and where needed, non-enrolled parents to participate in the focus groups. They also facilitated the arrangement of space for the meetings.

The number of participants in each staff focus group ranged from 5 to 12 (mean = 8.85 participants per group). Most staff participants reported many years of Head Start experience. The administrative staff's Head Start experience ranged from 2 days to 32 years (mean = 9.7 years; median = 8.0 years), while the field staff's Head Start experience ranged from 4 months to 33 years (mean = 9.6 years; median = 6.5 years). ⁴²

Focus groups with Head Start-eligible parents were conducted at three sites. A description of the participants is presented in Exhibit 3-5.

Exhibit 3-5 Description of Parent Participants			
	(Site 1) Northeast Urban	(Site 2) South Rural	(Site 3) West Urban

Number of Participants	9	12	7
Gender			
Women	9	12	7
Ethnicity			
White	1	1	0
Black	8	11	0
Hispanic	0	0	7
Enrollment Status			
Recruited, never enrolled	2	4	0
Recruited, dropped out	3	5	0
On wait list	4	0	7
Did not re-enroll	0	2	0
No previous knowledge of Head Start	0	1	0

The confidentiality of responses by focus group participants was ensured at two levels. Head Start staff received verbal assurances of confidentiality prior to participating; parents received the same verbal assurances of confidentiality and gave written, informed consent prior to the start of the focus groups.

Staffing. Abt and CDM organized a two-member research team for data collection at each site. These teams consisted of a focus group moderator and a notetaker. All moderators and notetakers attended a one-day training in Washington, DC which covered focus group procedures and a review of the project objectives.

Procedures. Each Head Start focus group site was visited by a data collection team for two to three days. Although most of the staff focus group sessions were held on site (at the local Head Start program), three of the programs did not have appropriate space available. In these cases, a local church, a community center, and a hotel were used as alternative locations. Arrangements were made to host the three parent focus groups at alternative sites (one community center, two hotels) away from the Head Start program to ensure that the participants would feel comfortable expressing their feelings and/or concerns about Head Start. Each focus group session lasted approximately 90 minutes and was audio taped.⁴³ Two recordings were made of each group for quality purposes and to protect against equipment failure.

The focus group was led by the moderator who was responsible for establishing and maintaining rapport with group members, introducing the topics, and encouraging all group members to participate actively in the discussion. The notetaker was responsible for capturing the key comments of each participant, as well as capturing the general feel or attitude of the discussion, including non-verbal cues. Notetakers ensured that all material was adequately covered by the moderator, and occasionally asked questions of the group to help clarify responses. An incentive of \$50 was paid to the participants of the parent focus groups. Head Start staff was not paid for their participation.

3.3.2 Analytic Strategies.

Audio tapes of the focus group discussions were transcribed, edited, and supplemented with the notetaker's affective or intuitive insights. Using data from the final versions of the transcripts, individual site reports were prepared by a member of the research team who summarized the administrative, field, and parent group participants' responses to each question. Key summative quotes or text segments were selected to represent the findings and were integrated into the

descriptive summaries. A second member of the research team reviewed the transcripts with the corresponding site report to ensure the reliability of the site report and to aid in bias recognition.

A cross-site analytic meeting was held as part of the data reduction component of the qualitative analyses. The data reduction technique used at this meeting was *Pattern Matching*, which involved presenting the findings by site for each of the focus group questions. Data displays for each question were created to quantify the results. These numerically-based tables,⁴⁴ which listed all the responses reported in each focus group, aided in the identification of similar and dissimilar events, and were used to answer the following questions in order to establish the cross-site summative findings:

- What was the range or distribution of responses?
- What was the modal or typical response?
- Were there relational differences across sites based on factors such as urbanicity, geographic region, or minority membership?

Emergent themes, based on the empirically derived findings and supported by the data, were identified and used to facilitate interpretation and explanation building.

3.4 Focus Group Findings

The data presented in this chapter were obtained from focus groups conducted at the nine Head Start sites. The findings reported are based on cross-site analyses of the qualitative data obtained from Head Start administrative and field staff, and parents of non-enrolled Head Start-eligible children.

3.4.1 Family Typology

A Typical Family Successfully Recruited to Head Start. The field staff group at each site was asked to describe a family that they had successfully recruited into Head Start. The question asked was:

- Think about a typical family you have successfully recruited, what characteristics did they have?

“We serve the children with the greatest needs. Then it seems to follow that sometimes the parents have greater needs, too.”
- *Head Start staff*

Although a wide range of characteristics was reported by the field staff (Exhibit 3-6) in each focus group, three key themes emerged across all nine groups. Staff reported that successful recruits were more likely to be 1) single-parent families (mentioned by two thirds of the field staff focus groups), 2) families

“... there is some point that they’re struggling on ... they might have excellent parenting skills, but are having budget problems, or no child care. There is always one thing, whether they recognize it yet, or not.”
- *Head Start staff*

that were low-functioning, or 3) families at high-risk. The last two were each mentioned in approximately one half of the field staff focus groups.

Low-functioning families were described by focus group members as having low self-esteem, or poor learning and/or coping skills. Field staff felt that these families were often aware that they needed help, yet they seemed to lack the knowledge or experience necessary to access and use outside resources. High-risk families were described as families with high social service needs who were coping with major life challenges such as drug and alcohol abuse problems, issues of domestic violence, or loss of significant family members to prison.

Low-income was also mentioned frequently as a characteristic of families successfully recruited to

Head Start. However, this was expected, given the Head Start guidelines for eligibility mandate recruitment of low-income families.

Exhibit 3-6 Staff Reports of Types of Families Successfully Recruited to Head Start*		
• Single Parents	• Grandparents/Foster	• Have 3-year-old children
• High Risk	• Employed	• Non-English speaking
• Low-Functioning	• Not Employed	• Value Education
• Low-Income	• Teen Parents	• In Public Housing
• Special Needs	• Intact Families	• Poorly Educated

* In order of frequency

When asked if particular types of families were targeted for recruitment to Head Start, responses across sites varied considerably and ranged from targeting mothers with multiple children, single fathers, families with low literacy, to Spanish-speaking families. Three of the nine field staff focus groups reported spending more time and effort recruiting families they felt were at risk. This included teen parents and families who were homeless or had mental health or substance abuse issues. Families having children with disabilities were also mentioned.

A Typical Family Recruited to Head Start Who Did Not Enroll, or Enrolled but Dropped Out.

The field staff group at each of the nine Head Start focus group sites was asked to describe a family they had recruited into Head Start, who either decided not to enroll, or enrolled and then dropped out of Head Start. The questions asked were:

- Think about a typical family you have recruited who did not enroll. What characteristics did the family have? How were they different from families who enrolled?
- Think about a typical family who dropped out of Head Start. What characteristics did they have? How were they different from families who remained? Why do families drop-out of Head Start?

The reports provided by the field staff focus groups suggested that families who chose not to enroll, and families who dropped out of Head Start, shared similar characteristics and concerns. Five main themes or family typologies emerged across the nine sites: 1) families that moved frequently; 2) families with problematic situations or inadequate coping skills; 3) families with service needs not met by Head Start program options; 4) families unwilling to separate from their young children; and 5) families who lacked transportation.

“We service a lot of our illegal families from Mexico, and what we find is a lot of them go back there, and they aren’t able to get back or they stay.”
-Head Start staff

Moving was mentioned by all but one focus group as characteristic of families who did not enroll or dropped out. The families were described as highly mobile or transient, often seasonal workers. This was particularly true for the Head Start programs serving a large number of Hispanic families. Many fathers or primary wage earners who could not find employment during the winter months moved to find new work to support their families. Although seasonal work was not an issue in all programs, a lack of jobs or adequate wages paid was also mentioned as a reason for why families moved

frequently in non-minority programs as well.

Focus groups at 6 of the 9 Head Start sites described these families as grappling with problematic situations such as domestic violence, sexual abuse, or substance abuse. Staff described these families as disorganized, unmotivated, lazy, or generally dysfunctional.

“They can’t get the child on the bus to come to school and they don’t want to be hassled by us calling and visiting and seeing why the child is not there. They don’t want to commit to treatment.”
- Head Start staff

Often the parent could not get up in the morning, opting to have an older sibling watch the child because they were unable to get the child ready for school every day. It should be noted these were the families who staff reported having had the most success recruiting to Head Start. However, it also seemed that keeping these families in the program presented a challenge to staff. This is not surprising, given that families experiencing multiple life demands most likely would be less reliable about getting their children to school and being committed to the program.

Head Start staff also reported that families who dropped out or decided not to enroll in Head Start often felt their children were too young to attend school, or were perhaps themselves unwilling to separate from their children, preferring that the children stay at home with them as long as possible. This seemed to occur most

often among families of 3-year-old children or among those who had children who were having problems with separation.

Inadequate Head Start program hours and services were also mentioned by 7 of 9 administrative and field staff focus groups as reasons why staff felt that families chose not to enroll their children or dropped out of Head Start. The traditional Head Start model of part-day or half-day sessions, which was the type of Head Start option offered in most of the participating sites, was reported to no longer meet the needs of many parents. As the number of parents in the workforce increased due to welfare reform, the need for all-day, all-year care increased, too. Working parents no longer had the luxury of waiting for the school year to begin; they needed immediate child care services. Needing a child care provider with expanded hours, they opted to enroll their children in day care instead, or decided to leave their children in the care of a friend or relative. Staff in several sites reported that their full-day, full-year classes had waiting lists, while their part-day classes were often under-enrolled. Additionally, staff reported that the inability of programs to provide adequate transportation negatively impacted the retention of families who did not have personal transportation, lived in remote areas, or had work schedules that did not coincide with the Head Start schedule. Exhibit 3-7 presents all family typologies mentioned by Head Start staff across-site, in order of frequency.

Exhibit 3-7 Staff Reports of Types of Families Who Decided Not to Attend Head Start or Dropped Out	
• Move frequently	• Feel child is too young
• Need full-day child care	• Dislike Head Start involvement
• Need transportation	• Do not value education
• Low-functioning	• Racial issues in community
• High-risk	• Want stronger academics

Another trend noted by staff at three of the focus group sites was that parents were sometimes uncomfortable with the amount of involvement required of them by Head Start, as well as the level of involvement Head Start staff had in their lives. Parents sometimes did not understand that Head Start was intended for the entire family. Once they discovered the level of involvement required, they decided not to enroll their child or decided to withdraw their child from the program. What they wanted was child care; they were either not interested in volunteering or unable to volunteer. Staff also reported that some families were uncomfortable with home visits because parents felt they were being watched.

“I think some parents think when they’re in, we’re watching them constantly to see if they’re doing the right thing or the not so right thing. That makes them feel very uncomfortable.”

-Head Start staff

“...there’s a fear of getting connected in with DCFS [Department of Child and Family Services], and for my Hispanic families especially, DCFS is very scary to them. I mean, if I say DCFS they’re upset because what they’ve heard is they’re going to take my kids . . . I also have the fear of the illegal aliens. We ask some scary questions of them. You know, your name, social security number – those things.”

--Head Start staff

Field staff at three of the Head Start sites felt that some parents chose not to enroll their child in Head Start for reasons rooted in the family’s cultural or ethnic background. At two programs serving large numbers of Hispanic families, staff reported that parents were sometimes wary of the amount and type of documentation they were asked to provide for enrollment, and some were hesitant to enroll their child in a Federally-funded program because of their residency status. Staff reported the need to spend a lot of time building rapport and trust with these parents who frequently associated Head Start with other agencies, such as the Department of Social Services, and were fearful of repercussions. Staff noted that Hispanic families often wished to take care of their children themselves, and felt a family’s desire to do this was a strong deterrent to

enrollment at Head Start.

The staff from a southern Head Start program that serves mostly African American families reported having a difficult time recruiting White families to Head Start, citing racial tensions between the program and a White community within the service area. Staff suggested there was a historical context for these problems that still exists today.

Why Head Start Eligible Families Decided Not to Send Their Children to Head Start.⁴⁵

The three parent focus groups were also asked about their experiences with Head Start and why they decided not to enroll their child, or why they decided to withdraw their child from the program. The questions asked were:

- Why did you decide not to send your child to Head Start? What were your other choices?

“Go back years and years ago when we first started Head Start, we were set up in typically black areas, all of our Head Start centers were primarily in black areas of the community or the city. We didn’t have white families; they were reluctant about sending their children. I don’t know whether it was fear or what, but we did have some families that we recruited that would not send their children. They were very, very ... well, I guess they were uneducated and did not realize that times had changed.”

– Head Start staff

- What made you decide to leave Head Start?

Inadequate Head Start program hours and dissatisfaction with the services provided were the reasons for not enrolling their children in Head Start reported by parents in two of the focus groups. Parents echoed what staff across all sites reported – the traditional Head Start model of part-day or half-day sessions no longer met their needs. Some parents who recently moved into the workforce were employed at jobs that required shift work or working non-traditional hours. Even parents who worked conventional daytime hours found the 3.5 hours provided by Head Start to be inadequate.

Parents from one Head Start program expressed dissatisfaction with the quality of education provided to their children by Head Start. Most seemed to feel that Head Start did not prepare their child academically. They wanted Head Start to provide a stronger educational program that would include more individualized teaching and smaller class sizes. Many parents felt that children who attended Head Start were at a disadvantage compared to children who attended other more academically focused child care placements, and reported that once the children moved out of preschool into kindergarten, they were negatively labeled as “Head Start” children – synonymous with unprepared – by the public school system.

Another parent group expressed anger over the need for a co-payment now required at centers that provided extended-service hours. This Head Start program was in the midst of expanding service hours at many of its centers using funding provided by partnerships with other community child care initiatives or State-subsidy programs. Parents whose children were attending full-day, full-year centers were now required to pay a small amount, based on their financial status. It was clear from the discussion among the focus group members that parents were confused and/or unhappy about the co-

“So when you send them to Head Start, they don’t give them one-on-one interaction that they’re going to need for kindergarten. So that’s why I chose to put her in a private day care. She was in private day care and she’s only been in there three months and she’s already writing her name. She knows the alphabet ... getting into the computer and booting it up and getting into the programs herself. She wasn’t getting that at Head Start.”
 – Non-enrolled parent

“The couple hour thing, three hours and 45 minutes or something. I can’t work. It needs to be all day.”
 – Non-enrolled parent

“My daughter can’t go because I work 3 to 11 and being that I work 3 to 11, and they’re closed at 6, she can’t go. So they turned me down because of my hours.”
 –Non-enrolled parent

payment now being expected. The concept of a sliding scale fee based on income was frustrating for some of the working mothers. Many felt that Head Start had always been a free program and should

“I don’t think it’s fair that one person pays \$10, and since I got a job, I’ve got to pay \$40. This person ain’t got no job, they get to pay \$10. I should be the one paying \$10, they should be paying \$40 because they’re sitting at home doing nothing all day.”
 –Non-enrolled parent

continue to be free. Administrative staff at this program were aware of the confusion parents felt regarding the issue of expansion and the need for co-payments. They reported that Head Start must do a better job of letting parents know that this will be occurring and suggested a national, public awareness campaign.

Other reasons reported by parents as to why they chose not to enroll their child or decided to withdraw their child from Head Start included doubts about whether Head Start was qualified to help disabled children as well as a belief that teaching young children was the parent’s responsibility.

3.4.2 Other Preschool or Child Care Options Available for Families

Both the Head Start administrative and field staff focus groups, as well as the parent focus groups, were asked to identify other preschool or child care options available for parents of young children in their community. The questions asked were:

- What other preschool or child care options are available for children whose parents cannot get them into Head Start or who choose not to enroll their children in Head Start?
- What are some of the other choices parents have for preschool or child care in your community?

Staff Awareness of Other Child Care Options Available for Families. Staff across all sites reported a variety of child care options. Groups at all nine Head Start focus group sites mentioned day care centers as a viable option of care for parents of young children. Public preschools, such as State or city sponsored pre-K programs, were cited by staff at eight of the sites, while staff focus groups at 5 of the 9 sites mentioned family day care as an option. Other options mentioned included private nursery school or preschool (reported by four programs) and relative-friend care (reported by three programs). Special education programs and parent-child programs, like “Mommy and Me,” were each reported by one program.

“Well, you have the pre-kindergarten program which is a preschool program run by the State. We may not want to admit it, but we are competing for the 4-year olds. . . the attraction for them is that the bus picks them up with the other siblings so they prefer to send them there ... a lot of parents feel because it’s under the school board that it’s going to be a smoother transition if they just put them in pre-K and go from there into kindergarten.”

– Head Start staff

Staff noted that while there were other options for care in the community, these options typically charged tuition beyond what low-income families could afford, and were therefore not typically in direct competition with Head Start for families. However, some field staff groups reported that as the availability of State subsidies used to alleviate the cost of child care increased, the competition from other private child care centers for families also increased. Still, most staff felt that the majority of center-based competition appeared to come from public pre-k programs or subsidized day care. Staff at one program felt that families sometimes returned to or chose to attend Head Start instead so they could take advantage of the

wider array of services available to them through the Head Start program.

Many of the staff focus groups pointed to the segment of Head Start-eligible families that seem to feel more comfortable having their child cared for by a relative or friend, or by unregulated child care providers. The administrative staff group at one of the programs pointed out that unregulated child care providers, particularly those who have been in the community for years, have addressed an unmet need in that community. They indicated the challenge for Head Start will be to find ways to engage and support the informal child care network, while acknowledging and respecting the network’s role in the child care community. Finding ways to meet this challenge, the administrative focus group members felt, was becoming increasingly more important as Head Start seeks to expand services and, therefore, must partner with other types of child care in the community to achieve this goal. It was the opinion of this group, that thinking of ways

“We, as Head Start, can see our partnering as an undermining of our own stability...partnering with child care centers and also working in families’ homes, doesn’t that undermine what we have? ... if we decide to do that, then we will perish... we’ve said that we believe in the whole community and we want to serve, be part of the community. But, that’s the struggle ... sometimes we so firmly believe in how we have delivered services ... we should keep that pristine ... but that’s not the world we live in.”

– Head Start staff

to work with these unregulated providers to improve the quality of their care was a necessary and important step for Head Start to undertake. The group felt that accomplishing this goal of partnering with other community providers may require a change in the Head Start philosophy of how services are delivered, particularly as some programs move toward the option of Head Start being provided by family day care providers.

Parent Awareness of Other Child Care Options Available for Families. Parents participating in the focus groups reported the same child care options available to them in their community as reported by the Head Start staff. The three care options most frequently mentioned by parents were day care centers, family day care, and relative-friend care.

Most of the parents reported having their child in a day care center that was church-based or government subsidized. Church-based day care seemed to appeal to parents who valued the Christian practices of these programs such as grace before meals and values education. The second most frequent type of care used by the parents participating in the focus groups was relative or friend care.

When asked to compare their current child care arrangement with Head Start, the responses were mixed. While many parents viewed Head Start positively, and felt it did a good job of providing socialization experiences for children, some parents felt Head Start sacrificed education for socialization. These were the same parents that placed a high value on the educational component of preschool, and felt their current placement offered more individualized teaching, a smaller class size, and better qualified teachers. Other parents indicated that, unlike Head Start, their current child care placement was able to accept their children immediately. This was important because these families needed child care at once and could not wait for Head Start to open in the fall or be placed on a waiting list.

The parent focus groups were asked to think about preschool and child care choices available to parents with young children and to imagine the ideal child care placement. The question posed to them was:

- Each of you have a 4- or 5-year-old child. Think about a place where you would like this child to spend the day. Please tell me what the place would be like by describing it in a few words. For example, "It would be a place where . . ."

Three main themes emerged across the parent focus groups centering around 1) the type of facility; 2) the philosophy of the child care program; and 3) the quality of the caregivers. Overall, parents felt strongly that the ideal child care facility should be clean and safe and have adequate materials available for the children. They wanted the program to provide a positive and structured environment that focused on learning and was a comfortable place for their children. The quality of the caregiver was also very important to parents. The ideal program would be staffed with qualified teachers who were trustworthy and patient. For the Hispanic parent focus group, it was also important that the teacher was bilingual and able to teach the children English.

"Structure meaning schedule ... a lot of times they get to kindergarten and they're not ready to sit down. They're not ready to pay attention ... I can take him to my mother's and let them run around all day... there should be some sort of lesson plan."

– *Non-enrolled parent*

3.4.3 Recruitment

Recruitment Strategies. The administrative staff focus groups, at all but two of the programs visited, reported that recruitment and outreach was a program-wide effort and involved all Head Start staff. Although most of the programs reported recruitment as ongoing throughout the year, recruitment activities were most intense in the spring and early summer. They felt that the success of recruitment was dependent on engaging all program staff in outreach, and seemed committed to this principle.

Upon further discussion, most of the administrative focus groups acknowledged this was a recent change in philosophy. In the past, recruitment and outreach was often handled by specific staff

“Beginning with the major recruitment drive for this year, it became the responsibility across all projects . . . literally, the whole community of early child and family support, bonded together to say, we need to take recruitment on as a whole community, not just as a single project. That’s made a dramatic difference.”

– *Head Start staff*

identified for this task, usually Family Service Workers or Family Advocates who worked most closely with parents and the community. Interestingly, when the administrative focus groups were questioned more carefully, it became apparent that the primary responsibility for recruitment still remained with the field staff, even though other program staff felt invested and committed and contributed in a less formal way. This was not the case at one of the rural sites visited, where recruitment and outreach were primarily the responsibility of the Center Managers, who sometimes were assisted by Family Service Workers, if one was assigned to their center.

Whether or not a Head Start program chose to handle recruitment and outreach at the program- or center-level was very dependent upon where the site was located. Those programs located in rural settings reported recruiting at the center level; all programs located in urban settings reported recruitment efforts to be program-wide.

The field staff focus groups were asked the following questions about strategies they used for outreach and recruitment:

- How are families identified and located? What strategies are used? Do other agencies provide Head Start with a list of potential families?
- In addition to going to homes, from what other places are Head Start families recruited?
- How are families contacted?

Both the field staff focus groups and the administrative focus groups were asked these questions:

- What formal or informal arrangements does your program have with other community agencies to assist you in identifying or recruiting families? How helpful are other agencies to you in locating families for Head Start?

While the use of a wide variety of recruitment strategies was reported, two strategies were mentioned by staff focus groups at all nine of the Head Start focus group sites: 1) referrals from agencies (e.g., WIC, social services, health departments, health care facilities, child care referral agencies, school districts, special needs agencies, crisis centers, food banks, agencies serving the disabled); and 2) advertising by placing posters and flyers at the same local agencies or at local businesses in the community (e.g., grocery stores, laundromats, gas stations, post offices, beer gardens) or through media buys (radio and television ads, public service announcements, advertising on buses).

The next two most frequently mentioned types of successful outreach strategies described by staff focus groups at six of the Head Start programs were recruiting families at community functions such as health fairs, festivals, or even flea markets, and enlisting Head Start families to recruit their friends, neighbors, or family. Most staff felt that word-of-mouth was very important, perhaps even their most successful strategy for identifying families eligible for Head Start. Almost all of the staff focus groups felt that a successful recruitment of families required the use of multiple strategies, tailored toward the needs of the members of the community itself. Generally, there were no differences found across rural or urban sites in the type of recruitment strategies used; however, staff from two rural sites did report that some strategies, such as advertising on cable television or referrals from local community agencies were less successful because some very remote, rural communities may not have access to cable television or have many agencies located nearby.

“There are different kinds of recruitment to reach people in different places, wherever the people might be. It may be at a shopping center. It may be at a festival, or arts and crafts show. It may be as basic as going into the housing developments and going door to door with brochures, or fliers. Or stopping people on the street, or sitting on their doorstep, and talking to them about the programs.”

– *Head Start staff*

Targeted Recruitment Areas. Both the administrative and field staff focus groups were asked the following questions about whether there were particular areas they found it easy or difficult to recruit families:

- Are there some sections within your geographic service area from where you recruit or find most of your families, and if so, why?
- Are there sections within your geographic service area that are particularly hard to recruit families from, and if so, why?

Almost all of the staff focus groups (7 of the 9 sites) reported low-income housing complexes or trailer parks as areas where they were most likely to find families eligible for Head Start. In six of the sites, staff focus groups reported remote areas as the most difficult places to recruit families. This, of course, was mostly an issue for the rural program sites. Areas where families did not have good access to transportation, either public or private, or where the Head Start program did not provide transportation, were also mentioned in five of the sites as difficult areas for recruiting families. While it might follow that these would more likely be rural programs, that was not the case – 3 of the 5 sites were urban.

One administrative staff focus group said that they found most of their families in areas hit hard by loss of industry or areas experiencing tough economic circumstances, yet they also reported that large numbers of families were sometimes recruited from less needy neighborhoods where Head Start was well-established, had a strong history, and a good community reputation. Conversely, these same administrators felt that some neighborhoods were difficult to recruit from because Head Start historically was not viewed positively by that community and no matter how hard they tried, they were unable to fill the classrooms because of the historical stigma attached to the program. The inability to serve the needs of a particular community was also mentioned as a barrier to successful recruitment. Communities comprised of working-poor families, as well as families who recently moved into the workforce due to welfare reform, needed a full-day, full-year model of Head Start not yet available in their community.

Although the staff in all nine sites seemed to be respectful and mindful of the service boundary lines between Head Start programs, over half of the program sites' staff focus groups reported that sometimes they found themselves (or other Head Start programs) recruiting in the same areas. They noted that service area lines often become blurry. The focus groups in these five sites provided many examples, such as families who lived in another Head Start program's jurisdiction but found it was easier to walk to their center, or a city and county Head Start program both having a site in the same area, or service lines that go right through the middle of a town. In 4 of the 5 programs reporting problems with recruitment boundaries, the administrative staff focus group members stated that the competing Head Start programs did their best to reach agreements when the boundaries came into conflict; however, the field staff, who were more directly impacted by this, expressed frustration and held more territorial feelings.

“Oh, yes, our largest center ... is divided between two counties. We service only one county and we have four classrooms in this center. The other county has one classroom in the same center we are in.”
– Head Start staff

Recruitment Staff. The administrative focus groups were asked the following questions about their recruitment staff:

- Describe your most successful recruitment staff. What is it about this person that makes him/her successful?
- Do you consider a family's cultural background in your assignment of recruitment staff? If so, how?
- Is the personal safety of your staff a consideration in your recruitment? What do you do to assure safety of your recruitment staff?

All nine administrative staff focus groups used the following three dimensions to describe their ideal or most successful recruitment staff: 1) personality characteristics; 2) work style; and 3) investment in Head Start and the community.

Two thirds of the administrative staff focus groups described their most successful outreach person as someone with a warm and engaging personality, who was perceived by the families as sincere and non-judgmental. The majority of the focus groups also reported that their ideal outreach person was hard-working, enthusiastic, flexible, had good telephone skills, was a good communicator, and was pleasantly aggressive and persistent. The third description that emerged as characteristic of the ideal recruiter across most of the administrative focus groups was someone who had a thorough knowledge of and belief in Head Start, as well as a strong connection to the community.

“She's a motivator. She goes out into the community no matter where she is. She has the fires out for recruitment. It could be in the grocery store, it could be standing at the donut shop or the ice cream parlor, she sees someone there with small children, have they heard about Head Start ... She knows everything that goes on in that community.”
– Head Start staff

None of the programs made a strong effort to consider a family's cultural background in their assignment of recruitment staff, except for meeting language needs. In these cases, 6 of the 9 sites reported having bilingual staff and bilingual materials available for the recruitment effort. Interestingly, staff in many of the focus groups showed awareness of the need for cultural matching, citing instances of increased success when using a culturally diverse staff, yet reported that their program did not consider culture in the assignment of staff. They pointed out that it was not only important to have someone who could speak the families' language, but also important to have someone who understood their culture. In two of the programs, cultural consideration was not an

issue because the population they served was homogeneous.

All of the staff focus groups, both administrative and field, reported that safety was a consideration during recruitment and that a variety of strategies was in place to protect staff at their respective programs. The two main safety precautions were 1) recruiting in pairs, and 2) documenting destinations by leaving itineraries, informing local police of plans, or checking in regularly with the Head Start office. Exhibit 3-8 lists all safety strategies employed across sites, by frequency of mention.

Exhibit 3-8 Safety Strategies Used During Recruitment	
<ul style="list-style-type: none"> Recruit in pairs 	<ul style="list-style-type: none"> Knowledge of the community
<ul style="list-style-type: none"> Leave destination plans 	<ul style="list-style-type: none"> Avoid high risk areas
<ul style="list-style-type: none"> High visibility (ID, vans, t-shirts) 	<ul style="list-style-type: none"> Project a fearless attitude
<ul style="list-style-type: none"> Carry cell phones 	<ul style="list-style-type: none"> Back into driveways
<ul style="list-style-type: none"> No evening or weekend hours 	<ul style="list-style-type: none"> Recruit in public places

How Recruitment and Screening Efforts Can Be More Successful. Each of the administrative and field staff focus groups was asked to suggest ways that recruitment and outreach could be improved. They were asked the following question:

- What would help make your program’s recruitment and screening efforts more successful?

“The working poor. The ones that make too much money to get in to qualify for Head Start, but are desperately poor and need the services. They fall between the cracks. They don’t qualify for everything. And that is a large, large group that desperately needs to be served, and they’re not. If they meet the free lunch guideline, we should be able to put them in Head Start.”
–Head Start staff

Overwhelmingly, staff from all nine sites suggested raising the Head Start income eligibility guidelines to help with recruitment. Staff reported that as more people entered the workforce, even working minimum wage jobs, the pool of eligible children and families was reduced because these families were now over the income limits. Staff spoke passionately about these working poor families -- although now employed, they still did not have adequate resources to meet the needs of their families, particularly when it came to child care. Staff pointed out that children who were members of families just off cash assistance programs continued to have many of the same risk factors they had before and some risks may have actually increased because the family’s income may not be enough to provide child care of good quality. Many

staff focus group participants expressed the opinion that the working poor were the true “missing faces” of Head Start.

Other suggestions made by administrative and field staff for improving the recruitment and screening efforts included having a national public awareness campaign, reducing the amount of paperwork involved in outreach, more timely processing of applications, increasing staff and available staff time, starting outreach earlier in the year, and offering transportation for families.

3.4.4 Enrollment

Both administrative and field staff focus groups were asked what factors other than income and age were considered in making enrollment decisions. The factors most frequently reported across all sites were: 1) a child with a disability (7 of 9 sites), 2) a single parent (5 of 9 sites), 3) referral from another agency (5 of 9 sites), and 4) a grandparent/foster parent (5 of 9 sites). A complete list and discussion of actual enrollment factors, by site, were presented in Section 3.2.3, Exhibit 3-3. All but one of the Head Start programs used some form of a ranked or weighted point system to prioritize family risk for enrollment.

Both the administrative and field staff focus groups were asked to describe the enrollment process at their Head Start program. The following questions were asked:

- Who makes the final enrollment decision?
- Are there circumstances when exceptions are made to program policies regarding enrollment?

Of the nine Head Start programs reporting, it was almost evenly split whether or not they reported that their final enrollment decision was made by an individual or by a group or committee of people. The method of enrolling families to Head Start varied across all programs. Exhibit 3-9 describes the enrollment procedures used at each of the nine programs.

Exhibit 3-9 Enrollment Procedures and Final Enrollment Decisions, by Head Start Program

Program 1: Rural Northeast Head Start Program

Final Enrollment Decision by Committee: *Family Service Worker, Head Start Director, Child Services Manager, Family Services Manager, Health Coordinator*

Each member of the committee assigns the family a total score based on information from the application, or provided by the Family Service Worker. The scores are then averaged for a final point total.

Program 2: Urban Northeast Head Start Program

Final Enrollment Decision by an Individual: *Regional Director, or Family Service Advocate, or Both in Consultation*

Although this program has a list of priority risk factors, it is not a weighted list, and it is only used as a guide for selecting the neediest families. The decision is quite subjective, and usually made by the Family Service Advocate who has the best knowledge of each family's circumstances.

Program 3: Urban South Head Start Program

Final Enrollment Decision by Committee: *Community Member, Policy Council Member, Social Service Coordinator, Parent*

Families complete an application. They are interviewed by resource and referral staff members to gather additional information and then sent to a certification department to provide documentation of special needs. The certification department then assigns the family points. The Selection Committee (listed above) then makes the enrollment decisions, based on the information provided. Others, including outside agencies, may advocate for a particular family.

Program 4: Suburban Midwest Head Start Program

Final Enrollment Decision by an Individual: *Family Community Partnership Member*

Applications are reviewed by staff from other program components to provide input, but the final decision is made by one person from Family Community Partnerships. This program felt that because of the number of children they serve, it would be hard for them to team on every application.

Program 5: Rural Midwest Head Start Program

Final Enrollment Decision by Committee: *Disabilities Coordinator, Education Coordinator, Social Services Coordinator*

The Family Advocate completes the packet or application with the family, while an education specialist completes the testing of the child on the DIAL-3. This developmental test score is considered when assigning points to the family. The team makes the final enrollment decisions.

Program 6: Urban Southwest Head Start Program

Final Enrollment Decision by an Individual: *Center Director*

Applications for enrollment are taken at the center level and then forwarded to the administrative office, where the eligibility factors are assessed and ranked using a weighted point system. Policy Council evaluates the applications and ranks them according to priority (1(st), 2(nd), or 3(rd)). Completed and approved applications are returned to the center for final approval by the center director.

Program 7: Rural Northwest Head Start Program

Final Enrollment Decision by Committee: *Head Start Director, Center Manager*

Each family is visited at home for the application process. Completed applications are forwarded to the administrative offices and entered into the computer where each factor is assigned a point value based on a predetermined weighted point system. For each center, the first 18 families having the highest total scores are selected and their applications are returned to the Center Manager. The Center Manager can advocate for a family who did not make the initial cut. A joint decision is then made by the Center Manager and the Head Start Director.

Program 8: Rural South Head Start Program

Final Enrollment Decision by an Individual: *Family Service Worker*

The Policy Council determines what risk factors are considered. Family Service Workers assess these factors using the weighted point system and make final enrollment decisions. The Head Start Director and other center staff collaborate if several families have the same score.

Program 9: Urban West Head Start Program

Final Enrollment Decision by an Individual: *Center Director*

A parent committee is used to review completed applications and assign points based on family circumstances provided on the application, using the enrollment ranking system. The ultimate enrollment decision is made by the Center Director, who enrolls the families with the highest rankings. Other staff are able to advocate for a particular

family.

The administrative and field staff participants in focus groups at 7 of the 9 program sites admitted that there were circumstances when they made exceptions to their Head Start Program's policies regarding enrollment, most often policies involving enrollment criteria, particularly income verification. Staff reported that they sometimes "fudged" the information that they took from families or accepted information

from parents without question.

Field staff at several programs expressed concern that requirements to meet full-enrollment by a certain date sometimes precluded them from serving the neediest families. Added to their frustration was the underlying belief that the policy for early enrollment was driven by funding concerns -- that if they were not fully enrolled by a certain date, the program would be de-funded by the Head Start Bureau. The consensus among many staff was that higher functioning, less needy families were more likely to complete the applications and provide the documentation necessary for enrollment. Field staff provided many examples of the difficulties that families in crisis faced. They explained that even providing a birth certificate for the child can be difficult if, for example, the mom or dad is involved in a

"I told this person on the phone that they were going to be way down on the waiting list. Once I got to the house I saw a different circumstance that she didn't tell me on the phone, of leaving a violent situation in another state, and all of that... Now, I have the opening. It should have been filled. It should have been filled. But I'm just going to take the heat on not filling it, so that I can get this person that needs help in."

– Head Start staff

messy divorce, in which case one parent may refuse to surrender the birth certificate document to the other. Because staff was committed to serving the most needy families, they often felt it necessary to bend the rules and not fill all the slots when required.

3.4.5 Waiting Lists

Both administrative and field staff were asked about the use of waiting lists at their programs. The following series of questions were asked:

- What is your definition of a waiting list?
- At what point is it created?
- Who is on the list?
- Have all the families on the list already been determined to be eligible?
- What information do you have about the waiting list families, prior to their enrollment?

"You may have two family members working and you ask for their income, and they only give you one. We have to go by what they tell us. I know they're working because they're not home in the day time. But that's just the way it is. They lie to you. They put down that it's just me and the child, and leave him out. Well, you know he is living there, but you put it down. You know that man's jeans are hanging on the wash line, but he doesn't live there?"

– Head Start staff

- Are the families on the list ranked or ordered in anyway?
- Is the list program-wide or does each center have its own list?
- How often is the list updated or verified?
- Are families added to the list throughout the year?
- Are families called during the year to verify interest, even when a slot is not open?

Waiting lists at seven of the sites were defined by staff as lists of income-eligible families waiting for placement. The two remaining sites reported that their waiting lists were comprised of families who applied to Head Start, but were not selected. That means that applications for those families may or may not be complete, and families on their waiting lists may or may not be income-eligible. Over half of the program sites also reported keeping separate lists of families who were over-income, as well as lists or piles of folders of families with applications in progress. While all the definitions of waiting lists provided by staff seemed to involve families who were waiting for an available slot, staff at many of the programs also referred to families who were accepted but not yet enrolled as on the waiting list.

“Sometimes they [families] feel – and I don’t blame them – why should you have my social security number, my birth certificate and the immunization if my child is not going to be there? Why do you have to have these things? I understand completely. Then why have a waiting list?”

– Head Start staff

The large majority of focus group sites (7 of 9) reported that families on their waiting lists were income-eligible and were given a priority ranking based on the same selection criteria used to enroll children. One of the two programs that did not rank the families on their waiting list was, not unexpectedly, the only program that did not have a priority ranking system in place for enrollment. The other program, whose waiting list was comprised of both complete and incomplete applications, only assigned a priority score to the families who had completed both the application and the required recruitment home visit. All programs reported that

waiting lists were maintained at the center level, and over half (5 of 9) of the programs’ lists were computerized.

Interestingly, field staff at many of the programs expressed less optimistic views about the effectiveness of waiting lists. Some staff even defined them as artificial lists of families who wanted their children to be in Head Start, but would never be served because they were not able to wait for an opening -- they needed service immediately. One field staff defined his waiting list as “a black hole.” Staff also expressed some discomfort with placing families on the waiting list because they felt it gave families false hope, particularly if families were placed on an over-income waiting list. This reluctance to give families false hope became apparent again when staff was asked whether or not they routinely updated the waiting list or verified if families on the list were still interested in Head Start. Although staff at eight sites reported that they updated the waiting list monthly, or more frequently, this actually meant they added names of new applicants or updated information if a family called to inquire about the status of their application. All program staff reported that they added families to the waiting list throughout the year. Almost all of the program sites said that they only communicated with the families when they were able to offer them an open slot, although one staff member at one program site reported that she periodically called families to verify their interest, even when there was not an available opening.

“I have a hard time keeping a waiting list because of day care. Because when you need day care, you need it now. You can’t be on anybody’s waiting list... they can’t wait two months until we actually open. They found other things.”

– Head Start staff

There did seem to be a consensus opinion among most staff that often, when they had an opening and went to the waiting list to select a family, many of the families on the list were either no longer interested or unavailable. Both administrative and field staff reported that families often found other child care options instead of waiting for an opening at Head Start and that most families who were placed in these openings were new applicants, rather than families who were on the official waiting list. Staff at seven of the sites agreed that the two main reasons why families on the waiting list were often not viable options when an opening occurred were 1) they had already found another placement for their child and did not want to disrupt the child, or 2) they were unable to locate the family because the phone number was disconnected or they had moved.

3.4.6 Retention

“The teacher is supposed to contact you after the child has been absent for three days in a row. From then, we do the phone call, the postcard, and the visit.”

--Head Start staff

Staff at all of the Head Start programs participating in focus groups indicated that their programs have guidelines in place for staff to follow when a Head Start child begins to have many absences. While these guidelines varied across programs, 7 of the 9 sites indicated that contact with absentee families was made no later than the third day of a child's absence from class. At four of these focus group sites, two urban and two rural, a telephone call is made to the families' home by the close of the second day of absence. After the third day, staff at four sites reported making a home visit to

determine why the child had been absent from school and what, if anything, the program could do to help. While it was usually the Family Service Worker who made the home visit, in two programs, the visit was sometimes made by the child's classroom teacher. Staff at two programs also indicated they sent parents letters inquiring about their child's absence.

Staff from all of the programs shared examples of strategies they had successfully used to retain families who were at risk of dropping out of Head Start. The two main strategies cited were 1) providing enhanced support to the family and, 2) making program accommodations. Enhanced support included providing extra resources or referrals to families who were at-risk, increasing the number of home visits, helping solve transportation problems, or linking at-risk families with other

“We call the family and if they say ‘well, the weather is bad and my child doesn't have any boots’ ... it's up to us to get some so they can continue bringing their child to school.”

--Head Start Staff

“I can think of another case where the parent felt that they shouldn't hold a spot because they couldn't help anymore in the classroom. And by brainstorming that Grandma can help and uncles and aunts, they felt that they would stay.”

--Head Start staff

families who could provide additional support.

With regard to program accommodations, some staff members reported that by changing the child's center or program option, such as increasing the child's time from part-day to full-day or creating more opportunities for family participation, families had been successfully retained. Staff from four of the programs felt that increased communication was also a successful retention strategy.

Staff from a majority of the Head Start focus group sites said they often continue to provide support to families who drop-out, primarily through offering referrals to other family support agencies. Some programs offered to re-enroll children, on a space available basis, if families changed their minds about dropping out or moved back into the service area after previously relocating.

3.4.7 Head Start Training and Technical Assistance

Staff reported that Head Start Training and Technical Assistance activities designed to enhance

“Now, for me, training is fine and it gives you a format, but when you get out there working with families, you can’t use a book with families ... it’s not all about books or training... you’ve got to know how to deal with people.”

--Head Start staff

recruitment and retention methods were limited in scope and only marginal in their usefulness. Staff from two of the programs indicated they had been given resources to publicize their program, while staff at three programs reported receiving training on home visits, building family and community partnerships, as well as training on enrollment procedures. The staff from a large, urban program felt they did not need training in outreach and recruitment. Coincidentally, this program already had a long waiting list of families interested in enrolling.

While administrative staff from three programs reported that Head Start Training and Technical Assistance activities had been helpful in their programs’ recruitment and enrollment efforts, field staff did not share this opinion. They felt that the uniqueness of their communities limited the value of formal training received from outside their home agencies. While some staff felt that formal training from within their agencies, such as group meetings or internal strategy sessions, was important, the majority found that being paired with and mentored by an experienced outreach staff member was much more effective. Learning good solid “people skills” was thought to be most important to successful recruitment.

Group meetings and internal strategy sessions were the most frequently mentioned sources of training provided at each of the Head Start program sites, followed by the use of training guides and social service manuals. Outside resources, attendance at national conferences, and guidance from parents were also mentioned as training methods used by the programs.

3.4.8 Perceptions of Head Start

How Head Start is Perceived by Families and the Community. Head Start staff participating in the focus groups were asked the following question about perceptions of Head Start:

- If a parent of a preschool child who lives in this community was asked about Head Start, what do you think he or she would say? What is his/her opinion of Head Start?

Administrative and field staff reported that the perception of Head Start within the community was mixed. Some staff felt there were negative impressions of Head Start, including the perception that Head Start only served children with disabilities or behavior problems, had

“The perception about Head Start in some areas is good but in some areas, there’s a big problem about minority children being in the center.”

– Head Start staff

no educational underpinnings, had poorly qualified teaching staffs with no credentials, and was only day care or a babysitting

“This summer, I was working with one of the teachers ... she was trying to explain to her aide what Head Start was ... and she said, well, that’s just for parents that don’t know what to do with kids.”

-- Head Start staff

service that provided play activities for children. Yet most staff felt that there was not a unilateral view of Head Start,

and that the perception often depended on the longevity of Head Start in a particular community. They noted that Head Start staff who were firmly rooted in the community remained a resource for families long after their children had left the program, thereby contributing to the overall positive view of the Head Start program. While many staff reported Head Start was well respected and viewed positively by families and agencies that were aware of the program, they felt that many in the community were still unaware that Head Start existed or knew little about the full scope of the program. This led to another suggestion for a national public awareness campaign. Almost unanimously, however, staff felt that when parents knew about Head Start, they wanted their children

to be there.

What Head Start Can Do for Families. Both the administrative and field staff focus groups were asked the following question:

- When you think about what Head Start can do for families, what words or impressions come to mind?

“We try to steer the parents where, to show them how they can go get the resources, so show them how they can do it for themselves instead of waiting for somebody and sometimes they don't know that the resources are out there, and this way they can start doing things on their own.”

–Head Start staff

Staff from all of the programs shared multiple impressions of Head Start. While staff at only three of the programs specifically said that Head Start provided comprehensive services, many staff talked about Head Start's holistic approach that provided access to a total package of services for parents. Staff from five of the sites expanded on this concept by reporting that Head Start was a program that supported families across multiple domains including education, nutrition, and basic needs such as food, clothing and furniture. Along with providing comprehensive services and support to families, one half of the focus groups said that Head Start linked families to services through its partnership efforts.

Administrative and field staff from most of the focus group sites mentioned some aspect of child-centered services when they were asked to give their impressions of what Head Start did for families. Staff from five of the programs said that Head Start offered education and socialization opportunities as well as a quality, first educational experience for young children. Special education, child care, and transition to kindergarten were also cited by staff as services Head Start provided for children and families.

Staff from 8 of the 9 program sites felt that Head Start provided experiences that enhanced the personal growth of enrolled families. These growth experiences revolved around opportunities for families to foster and develop self-esteem, independence, empowerment, and self-sufficiency. Parent education and job training ranked high among the impressions staff at seven of the programs had regarding what Head Start provided for families.

“The one word that sticks to my mind is I've seen parents grow. They come in sometimes feeling like they need support. They get that support, and they go on.”

– Head Start staff

3.5 Focus Group Summary

The primary goal of the focus groups was to gather primary data on recruitment and enrollment issues for each of the participating programs from administrative staff, who were knowledgeable about their program's recruitment, enrollment, and retention policies, and from field staff, who had primary responsibility for doing program outreach and recruitment. Primary data were also gathered from families who were recruited to Head Start but never enrolled, families that enrolled in Head Start but never attended, and families that enrolled and began the program, but dropped out early. These qualitative data helped to clarify attitudes and procedures related to program outreach and recruitment as well as enrollment. The findings presented above will be discussed in Chapter 4 of this report.

3.6 Record Reviews

During site visits in the fall of 1999, up to 50 individual recruitment or enrollment records from 10 programs were reviewed (several programs had fewer than 50 records). A total of 379 records were reviewed for three groups of families: 1) families with children who were recruited but never attended Head Start (128 records reviewed); 2) families with children who attended Head Start for a brief

period, then left the program (74 records); 3) families with children still attending Head Start (177 records). As might be expected, records for Groups 2 and 3 were generally more complete than those for Group 1. Using a data collection form developed specifically for this record review (see Appendix F), site visitors collected the following information from the program records:

- Child characteristics (age, gender, ethnicity, and presence of a known disability);
- Family characteristics (household size, presence of mother and father, family income, employment status of parents, and participation status for Medicaid, WIC, food stamps, and TANF); and
- Child and family risk factors (as identified and recorded by individual programs).

The initial information obtained from recruitment forms included the date that the form was completed (Exhibit 3-10). More than one quarter of the recruitment records were initiated in the calendar year before actual enrollment, emphasizing that Head Start recruitment is an on-going process that occurs throughout the year. There was an expected increase in the summer, the period just before class begins. However, the applications that were in place from the previous year were predominantly families that at least started the program. Recruited but never attending families generally completed applications closer to the start of the program year. While the dates on which families initiated their applications to Head Start seemed to vary slightly, the differences were not significant across the three family groups studied.

Exhibit 3.10 Date of Head Start Application				
Family Group	Time of Initial Application			
	1998	Jan-Mar, 1999	Apr-Jun, 1999	Jul-Sep, 1999
Recruited, but never attended	21	23	31	43
	16.5%	18.1%	24.4%	33.9%
Attended, but left program	24	6	17	26
	32.4%	8.1%	23.0%	35.1%
Enrolled	55	38	37	45
	31.3%	21.6%	21.0%	25.6%

Note: ($\chi^2 = 7.9$, n.s.) Percentages reflect those within each type of family group in each application period

Child characteristics of interest, including age, gender, ethnicity and disability status, are presented in Exhibit 3-11. Across the three family groups, the majority of children (range = 57.4% to 63.0%) were 4 years of age at the time of application, with less than one fifth (range = 13.6% to 17.3%) reported to be 3 years (or younger) at that time. The remainder of the children were listed as being older than four. There were generally equal percentages of boys and girls at the time of application, but a slightly higher percentage of girls were actually in the program at the time of record review. The percentage of girls was not, however, significantly higher in the enrolled group than in the other two groups. Almost one sixth (range = 14.1% to 16.7%) of the Head Start applicant children were reported to have a disability. Finally, the proportions of African-American, Hispanic, and White applicants fluctuated across the three family groups.

Exhibit 3.11 Child Characteristics Noted on Head Start Enrollment Forms			
Characteristics	Family Group		
	Recruited, but never attended	Attended, but left program	Enrolled

Child age: 3-years old	17.3%	16.2%	13.6%
Child age: 4-years old	63.0%	59.5%	57.4%
Child age: 5/6-years old	19.7%	21.6%	26.1%
Female child	46.8%	47.3%	53.2%
Black/African American	27.6%	35.1%	32.4%
Hispanic/Latino	35.1%	35.1%	25.7%*
White	32.4%	29.0%	34.7%
Disability present	14.3%	16.4%	14.1%

Note: *Difference <.05 (across groups)

Family characteristics included size of the household, presence of parents, home language, income and employment, and the use of public assistance (Exhibit 3-12). For all of these variables, no statistically significant differences across the applicant groups were noted. Family income, as recorded on the application forms, was quite low, averaging less than \$10,000 per household in every group. The source of the recorded family income figures was not reported in many cases; however, about 20% of the records did indicate that a tax return from the previous year was provided, and about 15% of the records were reported as verified by a recent pay receipt. Head Start requires that at least 90% of the families with children attending Head Start have incomes below the FPL, a requirement that was easily met across all records reviewed and within each of the groups.

Exhibit 3.12 Family Characteristics Noted on Head Start Enrollment Forms			
Characteristics	Family Group		
	Recruited, but never attended	Attended, but left program	Enrolled
Number in household	Mean = 3.7 (SD = 1.4)	Mean = 3.6 (SD = 1.3)	Mean = 4.0 (SD = 1.5)
Mother present in home	97.6%	94.6%	96.0%
Father present in home	45.6%	27.4%	42.3%
Primary language other than English	33.0%	21.1%	24.5%
Family income	Mean = \$8,210	Mean = \$9,831	Mean = \$8,721
Income below poverty level	91.5%	95.4%	93.5%
Mother employed	45.6%	48.5%	40.9%
Father employed	76.5%	81.0%	66.2%
Medicaid	61.8%	81.2%	70.4%
Food Stamps	44.4%	55.8%	42.1%
WIC	61.5%	59.6%	56.0%
TANF	27.6%	33.8%	29.8%

Note: No significant differences were found across columns.

Nationally, Head Start enrollment criteria specify age, family income limits, and use of public

assistance. In addition, children with disabilities should account for at least 10% of enrollment. Beyond these requirements, local programs target families having the highest priority risk factors, based on local community assessments (see Section 3.2.3). As noted earlier, some programs even allow for variation in specified risk factors and priorities for enrollment to the individual centers. Information collected from the recruitment records included a wide range of risk factors identified by the programs and centers (see Section 3.2.3). Exhibit 3-13 contains information on selected risk factors that were recorded (as present or absent) across all recruitment records reviewed for this study (those risk factors noted on at least 300 of the 379 records reviewed). These selected risk factors included the number of parents present in the household, the age of the child’s parents, the caregiver-child relationship, the primary household language, the parents’ highest level of education, the parents’ employment status, the family’s TANF status, child disability, and child health status. Other factors taken into consideration in the construction of enrollment priority scores by some programs or centers, but not reported here, included: previous enrollment of a sibling, parent enrollment in an education or training program, extremely low family income, parent disability or health problem, low developmental screening score, homelessness or poor housing conditions, evidence of child abuse or neglect, evidence of domestic violence, referral from a child welfare or family services agency, evidence of family substance abuse, incarceration of parent, and a recent family crises (i.e., death, divorce, or separation). Across all of these factors, no statistical differences were observed in the distribution of risk factors across applicant groups. The primary risk factors reported in the records were related to parents’ income and education levels, receipt of TANF, and whether or not the child lived with a single parent.

Exhibit 3.13 Family/Child Risk Factors Noted on Head Start Enrollment Forms			
Risk Factors*	Family Group		
	Recruited, but never attended	Attended, but left program	Enrolled
Single parent	58.1%	67.6%	57.1%
Parent(s) did not graduate from high school	37.2%	34.8%	34.8%
Unemployed caregiver	31.3%	39.1%	31.6%
Family receives TANF	27.6%	33.8%	29.8%
Non-English speaking household	23.2%	15.1%	17.2%
Age of parent⁴⁶	14.3%	15.9%	20.2%
Child has disability	14.3%	16.4%	14.1%
Child has a health problem	6.4%	2.8%	10.2%
Foster child	0.0%	1.4%	2.9%
Non-related primary caregiver	0.0%	1.4%	1.2%

*Risk factors are those that were reported on greater than 300 of the 379 record reviews. No significant differences were found across columns.

Based on the recruitment/enrollment records reviewed, two conclusions may be drawn. First, there were significant numbers of eligible children who initiated contact with or were recruited by local Head Start programs but did not attend those programs (although the records did not indicate **why** those children did not enroll). Second, the recorded enrollment information suggested no apparent differences between the families and children who were enrolled and those families that were recruited (or applied on their own) but did not attend.

3.7 Waiting List Reviews

During site visits in the fall of 1999, each of the nine programs visited was asked to provide a copy of their program's waiting lists at two time points: 1) the day before classes began and 2) the day that the research team arrived for the site visit in the fall of 1999. The information that the research team sought to gather included the number of children added or removed from the waiting lists between these two time points.

After comparing the two lists, an attempt was made to ascertain what happened to children who were on the first waiting list, but not on the second list. Information was requested from the program regarding the number of these children who enrolled in Head Start, the number they were unable to contact, and the number who were no longer interested in or in need of Head Start services. For the families no longer interested in or in need of services, programs were asked to provide additional information on the number of children who moved out of the service area or enrolled in another program or type of child care.

Unfortunately, while each of the nine programs attempted to provide the information requested about their waiting lists, none was able to reliably quantify the numbers of families on their waiting lists, or confidently provide accurate information regarding what happened to families once they left the waiting list. Section 3.4.5 reports information gathered from Head Start staff regarding waiting lists during the focus groups, and Section 2.4 summarizes staff reports on waiting lists from the FACES project.

3.8 Community Agency Interviews

For Head Start to serve the neediest of the needy, it must successfully provide comprehensive services to low-income children and families. Therefore, meaningful partnerships with other Federal, State, and community level organizations that serve low-income children and families are critical for the successful delivery of services to Head Start families. In order to understand the partnerships between Head Start and other service providers in the community, a total of 200 community service providers, 20 per site, were interviewed during the summer of 1999, as part of the data collection for FACES.⁴⁷

3.8.1 Methodology

Each Head Start program provided directories of community agencies with whom they had relationships, or to whom they had referred families. Using those directories, 20 agencies from 10 Head Start sites were selected for telephone interviews. Five types of agencies were selected to represent a variety of services provided:

- Education/Job Training/Employment,
- Medical/Health Mental Health,
- Drug/Alcohol Treatment, Family Violence,
- Housing/Income Assistance/Food Assistance, and
- Child Care.

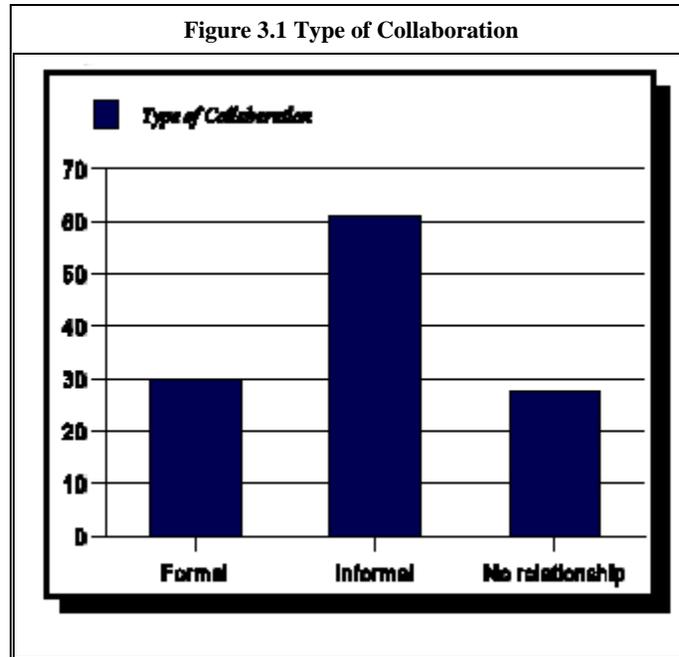
The administrator responsible for supervising the direct delivery of services at the agency was interviewed over the telephone. The interviews lasted approximately 20 minutes. The following topics were covered in the interview:

- Description of the agency, including auspice, goals or mission, and services provided,
- Type of collaboration with Head Start,
- Referral patterns with Head Start,
- Perceived relationship with Head Start, and

- Outreach strategies.

3.8.2 Type of Collaboration

When asked about their relationship with Head Start, most community agencies (72%) reported that they had either a formal or informal relationship (or both formal and informal) with Head Start while 27% of the agencies reported having no relationship at all (see Figure 3.1). The 30.0% of agencies who reported having formal relationships with Head Start had contractual agreements with Head Start to provide services such as dental/health care to the children, Welfare-to-Work programs, or parenting classes. Those having informal relationships (61.0%) reported that they simply referred clients to Head Start or served on the same community-wide committees.



Even though agencies reported a relationship with Head Start, only 38% of them indicated that communication with Head Start occurred often or very often. The majority of the agencies reported that they only rarely (41%) or sometimes (21%) communicated with Head Start. In sum, while many community agencies reported having a collaborative relationship with Head Start, most interactions were informal and did not involve regular communication.

3.8.3 Procedures for Referral. Service to low-income families is a common objective for the community agencies and Head Start. Therefore, client referrals between agencies are critical for helping those families obtain the resources they need. More than half (64%) of the community agencies reported that Head Start referred clients to them. Yet, the majority of community agencies reported that they rarely (22%) or sometimes (33%) referred clients to Head Start.

3.8.4 Community Perception of Head Start. Many community agencies felt that their relationship with Head Start was very important (48%) and that the quality of that relationship was positive (59%). However, when asked about any problems they had encountered during interactions with Head Start, or if there were areas they felt needed to be improved, 38% reported problems and 68% had suggestions for improvement. Exhibit 3-14 presents the five areas where community providers felt the collaboration between Head Start and community providers could be improved, as well as examples in each area.

Exhibit 3-14 Areas For Improvement: Statements by Agency Providers

Better communication



| Need for more joint meetings; need to share

		information.
Willingness to cooperate	→	Too few referrals; not receptive to ideas; not willing to work with other agencies; protective of turf; Head Start is elitist.
Service inadequate	→	Too few hours; no transportation; inaccessible locations; long waiting lists, curriculum inadequate.
Staff not well trained or organized	→	Weak administrative skills and organization; poor communication skills with children.
Philosophy of Head Start is an impediment	→	Guidelines are difficult to understand; income guidelines are too low.

3.8.5 Strategies for Outreach. Identifying and engaging low-income families can be very challenging. The community agencies reported using a combination of traditional and creative recruitment strategies. A majority of the agencies (81%) reported that word-of-mouth was a critical method of identifying low-income families. Three other common recruitment strategies identified across sites are presented in Exhibit 3-15 below.

Exhibit 3-15

Common Recruitment Strategies Reported by Community Agencies

Type of Outreach Strategy	% Using
Advertising	68%
<ul style="list-style-type: none"> • Sending out fliers • Passing out or placing brochures at other agencies • Media buys (radio, television and newspaper) 	
Referrals from Other Agencies	46%
<ul style="list-style-type: none"> • Head Start • Churches 	
Community Events	40%
<ul style="list-style-type: none"> • Flea Markets • Health Fairs 	

3.9 Parent Interview Overview

In two of the participating Head Start program sites (one Eastern urban site, one Western rural site) interviews were completed during the spring of 2000 with a total of nine non-Head Start parents. The purpose of this data collection was twofold: 1) to test the feasibility of identifying, contacting, and interviewing families who were in the Head Start-eligible population but not using Head Start services, and 2) to pilot test a model interview for use with non-Head Start families. The interview was

designed to gather descriptive information on family characteristics, risk factors, use of child care, and perceptions of Head Start, as well as to assess the respondents' willingness to provide sensitive information.

3.9.1 Interviewing Methodology

Based on findings from the three parent focus groups, a decision was made to target families who were eligible for Head Start, but who had never been recruited to the program. This decision was made because the parent focus group members were primarily families (all but one) who had either been recruited, but never enrolled or dropped out, or were on the waiting list.

Staffing. Two experienced interviewers were hired to identify, recruit, and interview the target parents. These two interviewers had previously conducted interviews during each wave of data collection for Head Start FACES and were cited for their expertise in locating hard-to-reach families and engaging them in the study. Both interviewers attended a one-day training in Washington, DC covering study background information, and general interviewing procedures, as well as specific administrative and field procedures.

Sample Selection. One method for identifying potential families to interview is using client lists gathered from local community agencies serving low-income families (a strategy often used by local Head Start programs to identify eligible families). However, findings from the staff focus groups suggested that some "missing" families may be part of the eligible population who are not connected with their local service community. Staff described these families as either too proud to accept services, or lacking the knowledge of how to access needed services. In order to test the feasibility of identifying and engaging eligible but unserved families from the general population, including those families not connected to the service community, two listed household samples, one for each program site, were purchased from *Survey Sampling, Inc.*, a nationally recognized sampling firm. These samples, targeted by age of household members and income, allowed the interviewers to screen for eligible families in households that had a higher probability of having a child aged five or younger and an income below the FPL. For the urban site, *Survey Sampling* provided 207 household telephone numbers targeted to households with children birth to 5-years old, with maximum household income of \$20,000. Generating a sample that targeted both age and income for the rural site was more difficult because the total number of households was limited and there were fewer areas of concentrated poverty found in this area. Because of these limitations, a sample of 220 households, targeted for young children, was selected. Exhibit 3-16 presents the results of the use of both listed household samples. The interviewers ceased calling when the required number of interviews were completed.

Exhibit 3-16 Sample Dispensation

Site 1 (Urban East) <i>207 Sampled Telephone Numbers</i>	Site 2 (Rural West) <i>220 Sampled Telephone Numbers</i>
<p>162 households called</p> <ul style="list-style-type: none"> • 92 households ineligible • 6 households eligible • 25 no answers • 15 answering machine 	<p>155 households called</p> <ul style="list-style-type: none"> • 57 households ineligible • 6 households eligible • 30 no answers • 42 answering machines

- | | |
|----------------------------------|----------------------------------|
| • 4 busy | • 3 busy |
| • 13 disconnected numbers | • 15 disconnected numbers |
| • 3 deaf/non-English speaking | • 0 deaf/non-English speaking |
| • 0 refusals | • 0 refusals |
| • 2 call backs | • 1 call back |
| • 1 business/government office | • 0 business/government office |
| • 1 willing to participate later | • 1 willing to participate later |

5 interviews completed
 238 total calls made
 93 viable phone numbers remaining

4 interviews completed
 229 total calls made
 144 viable phone numbers remaining

Procedures. One week prior to the scheduled site visits the interviewers began to contact families from the listed household samples via telephone. The purpose of these screening calls was to verify the respondents' eligibility, to gain their cooperation and agreement to participate in the study, if eligible, and to schedule an interview appointment for the following week during the site visit. The selected respondents met the following eligibility criteria:

- A parent or guardian of a 3- to 5-year-old child,
- A recipient of public assistance, an income that met the Head Start 1999 Income Guidelines, or the primary caregiver of a 3- to 5-year-old child with a diagnosed disability or a foster child, and
- No prior experience or interaction with Head Start.

Once the interviewers arrived at the site visit locations, the interviews were conducted in the respondents' homes, after first securing written, informed consent. Respondents received \$25 after completing their interview. A copy of the Eligibility Screen is included in Appendix G.

Referrals as a Means of Identifying Families. An additional method for identifying eligible families was tested as part of the telephone contact process. The interviewers asked families reached via the listed household sample to volunteer names and numbers of acquaintances, friends, or family members who had 3- to 5-year-old children not being served by Head Start. This "friend of a friend" approach was successful in generating an additional pool of potential candidates. Interviewers reported that families provided at least two referrals when asked.

Community Service Providers as Means of Identifying Families. Since the findings from the staff focus groups suggested that "missing" families may be part of a population of eligible families who were not connected with their local service community, the decision was made to recruit families for this feasibility study from purchased household samples instead of from lists of clients furnished by the local community providers. However, the feasibility of accessing such lists from local community providers was still assessed for future use. While on site, each interviewer informally contacted a sample of local agency providers who participated in the FACES community agency telephone

interviews, conducted during the summer of 1999, to discuss methods for identifying and locating low-income families. They also asked whether or not, in the future, the agencies would be willing to share the names and telephone numbers of the families they served so that they could be interviewed about their knowledge and use of Head Start. Local service providers in both communities were cooperative and willing to collaborate with the research efforts. They offered many suggestions for identifying eligible families, yet were unwilling to provide names and numbers of their clients. Providers in both communities suggested that there was considerable client overlap among agencies and all providers expressed a desire for continuous improvement in identifying and engaging the unserved population. A summary of the discussions in each site are presented in Exhibit 3-17.

Exhibit 3-17 Summary of Discussions with Community Providers

Site 1 (Urban East)

Site 2
(Rural
West)

WIC

State Welfare Office

Suggested project "set up shop" in waiting rooms for as long as necessary to identify the number of respondents needed. The Director felt a mailing would be expensive and unproductive.

Offered to mail a letter to all their families explaining the study and requesting they call an 800 number.

Housing Association

Open to suggestions; willing to collaborate.

Public Health Dentist

Serves clients who meet income guidelines. Suggested putting up flyers in the waiting room.

Community Partnership Team

Suggested posting notices in office.

Housing Project Office

Public housing project with community center. Suggested setting up a desk and posting information and flyers for interested residents.

Women's Resource Center

Suggested working with case managers who would tell clients about study, encourage their participation, and get their permission to release their contact information.

Family Support Center Network

Willing to send out information and give eligible clients a referral number to call.

Instrument Development. Using the stated objectives for the project as a framework, the research team prepared a parent interview. This instrument was developed to gather descriptive information on family characteristics, risk factors, use of child care, and perceptions of Head Start, as well as to assess the respondents' willingness to provide sensitive information. Exhibit 3-18 presents the topic areas covered in the interview. A copy of the parent interview is included in Appendix G.

Exhibit 3-18 Topics Covered in Parent Interview	
<ul style="list-style-type: none">• Identification of Eligibility	<ul style="list-style-type: none">• Child Care Use and Preferences
<ul style="list-style-type: none">• Activities with Child	<ul style="list-style-type: none">• Family Health and Health Care

<ul style="list-style-type: none"> • Child Disabilities 	<ul style="list-style-type: none"> • Substance Use
<ul style="list-style-type: none"> • Child Behavior 	<ul style="list-style-type: none"> • Depression
<ul style="list-style-type: none"> • Household Rules and Discipline Methods 	<ul style="list-style-type: none"> • Social Support
<ul style="list-style-type: none"> • Household Structure and Family Composition 	<ul style="list-style-type: none"> • Life Events and Coping
<ul style="list-style-type: none"> • Family Resources 	<ul style="list-style-type: none"> • Home and Neighborhood Characteristics
<ul style="list-style-type: none"> • Education, Employment, Income, and Housing 	<ul style="list-style-type: none"> • Exposure to Neighborhood and Domestic Violence

3.9.2 Interview Findings

The findings presented below are based on nine cases and are not representative of any specific population. Obviously, meaningful conclusions cannot be derived from such a small sample, but these findings provide descriptions of nine individual families who were eligible for Head Start but did not make use of the program's services. They also offer evidence of the kind of information parents of non-Head Start preschool-age children are willing to provide.

Description of Respondents. Nine interviews were completed: five in Site 1 (urban East) and four in Site 2 (rural West). All but 1 of the 9 respondents were female and employed, and they were almost equally likely to be married as never married. Three of the respondents had less than a high school diploma, one reported a high school diploma, and five reported having attended some college. The mean monthly household income reported was \$1,095 (range = \$700 to \$1,400). Four of the respondents reported living in public or subsidized housing, two reported that they owned or were in the process of buying a house, one reported renting an apartment without assistance, and two reported living in some other type of arrangement. Four of the respondents were White, two were African American, and three were Hispanic. All of the Head Start-eligible children were born in the United States and all respondents were English-speaking. None of the Head Start-eligible children were reported to have disabilities. Exhibit 3-19 presents a summary of the demographic descriptions of the nine participants, by site.

Exhibit 3-19 Description of Parent Participants, by Site		
	(Site 1) Urban East	(Site 2) Rural West
Number of participants	5	4
Gender	5 Women	3 Women 1 Man
Ethnicity		
White	1	3
Black	2	0

Hispanic	2	1
Marital status		
Married	2	3
Single, Never Married	3	1
Employment status		
Employed	5	3
Not employed	0	1
Education		
Less than 8 th grade	0	1
8th-11th grade	0	2
High school diploma	1	0
Some college	4	1
Race of Child		
White	1	3
Black	2	0
Hispanic	2	1
Housing		
Public or subsidized	2	2
Rent without assistance	1	0
Own or buying home	1	1
Other arrangement	1	1

Child Care. The respondents were asked about their current use of child care arrangements. Five of the 9 respondents reported caring for their child at home. Of the four respondents who reported using some form of child care arrangement for their Head Start-eligible child, only one reported that the child was placed in center-based care. Two of the remaining 3 children were cared for in family day care homes, while the third child was cared for at home by a non-relative. The three formal child care arrangements used (center-based and family day care homes) were all reported to be licensed. Exhibit 3-20 summarizes the experience of the four respondents reporting that their Head Start-eligible child was currently being cared for in a child care arrangement, by site.

Exhibit 3-20 Description of Type of Child Care Arrangement Used by Respondents				
	Site 1 (Urban East)		Site 2 (Rural West)	
	Respondent 1	Respondent 2	Respondent 3	Respondent 4
Type of Care	In home by non-relative	Day care center	Family day care home	Family day care home
Licensed	No	Yes	Yes	Yes

Hrs/week in care	10	20	40	14
Payment	Self-pay	Self-pay	Subsidized	Self-pay/partially subsidized

Exhibit 3-21 presents the questions asked of the respondents about their child's current child care arrangement and their responses.

Exhibit 3-21 Impressions of Current Child Care Arrangements			
Site 1 (Urban East)		Site 2 (Rural West)	
Respondent 1 (Home by non-relative)	Respondent 2 (Day care center)	Respondent 3 (Family day care home)	Respondent 4 (Family day care home)
How did you first learn about this child care provider?			
Referred by friend, neighbor, relative	Referred by college	Word of mouth	Newspaper, advertisement, or yellow pages
Why did you decide to use this type of child care?			
"Convenient - I live close by and can come over when they need me."	"Convenient and it is highly recommended."	"Only good one in town - only one trustworthy, safest one."	"I don't have a choice. It's not a big huge day care center which I like. It's out of her home - she is a mother/father figure. She is good with the kids."
What do you like about this child care?			
"Easy, convenient, fits my schedule."	"Educational program is very strong; discipline policies are very fair."	"Gives my child full attention - she is a good teacher."	"Good with kids. Not hundreds of kids there. Not a lot of different women taking care of the kids. She is like a grandma figure."
What do you not like about this child care?			
"That I have to pay for it."	"Security is lacking, lunch is not provided, price is too high."	"Nothing."	"Sometimes the animals (dogs) were scratching the kids in the face. Sometimes the house is not so clean."
How satisfied are you with how easy it is to get your child to your child care provider?			
Very Satisfied	Satisfied	Very Satisfied	Satisfied

All of the respondents were asked about their ideal child care placement as well as their awareness and impressions of Head Start. Three of the 5 respondents who stayed at home with their children stated that, if given a choice, they would continue to care for their own children at home. Two of the respondents caring for their children at home expressed the desire to have their child in a more formal care arrangement, such as a day care center or preschool. Three of the 4 respondents who had their Head Start-eligible children currently in child care expressed a desire to change the type of child care arrangement they were currently using. Exhibit 3-22 summarizes their responses.

Exhibit 3-22 Respondent's Ideal Child Care Placement⁴⁸

If you could use any type of child care and not have to worry about how much it would cost, what type of child care arrangement would you prefer to use for your child?

Site 1 (Urban East)		Site 2 (Rural West)	
Respondent 1:		Respondent 3:	
Current:	Home by non-relative	Current:	Family day care
Ideal:	Ideal: Full-time nanny	Ideal:	home Day or

			group care
Respondent 2:		Respondent 4:	
Current:	Day care center	Current:	Family day care
Ideal:	Day or group care center	Ideal:	home Friend or neighbor
Respondent A:		Respondent D:	
Current:	No child care	Current:	No child care
Ideal:	Stay at home and care for child	Ideal:	Stay at home and care for child
Respondent B:		Respondent E:	
Current:	No child care	Current:	No child care
Ideal:	Nursery, preschool, or Head Start	Ideal:	Stay at home and care for child
Respondent C:			
Current:	No child care		
Ideal:	Day care or group center		

The respondents were also asked to share their impressions of Head Start. These findings are presented in Exhibit 3-23. Many of the views expressed by the nine respondents were not favorable and seemed to be based on misinformation about the program. Interestingly, the misconceptions about Head Start reported by the parents matched what was reported in the staff focus groups regarding perceptions of Head Start in these communities, including the perceptions that Head Start is a program for minorities and that children only play while at Head Start. It is also clear from the responses that parents were unsure about the eligibility requirements for the program.

Exhibit 3-23 Respondent's Awareness and Impressions of Head Start

What are your impressions of Head Start?

Site 1 (Urban East)

Site 2 (Rural West)

Respondent 1:

"Good place for children to get ready for school. Good place to meet kids. Not flexible enough for mothers who work or are in school. Too strict about times and scheduling."

Respondent 2:

"It blows. Don't like the racial stats – mainly black kids. Not a full day. Often they call parents and say 'no school today.' Have heard that the kids never bring any work home. Only offered in black neighborhoods, in the projects."

Respondent A:

"Haven't been down to visit, but my impression is that they help people

Respondent 3:

"Employees come from other day care centers⁴⁹ where they were fired for being negligent. Wouldn't feel safe having my son there. Discover Land has a terrible reputation – lots of reports in the newspaper regarding children being dropped."

Respondent 4:

"Advancement for the learning of kids. Have heard it is a wonderful program. Thought the kids had to be 4-years old before putting them in; didn't think I was eligible because Raymond is only 3-years old."

Respondent D:

"Didn't realize there was one in this area. It's a good program."

who need to work. Mostly single moms go there. Day care provided so single moms can work.”

Thought it was an after school program for kids whose parents work. Since I don’t work out of the home, I didn’t think I would be eligible.”

Respondent B:

“I know it used to be very restricted in terms of hours – short days, half days. Usually in a bad area. Too many blacks – mostly blacks.”⁵⁰

Respondent E:

“Haven’t had a chance to talk with them yet – don’t know much about them. Thought that my son had to be 4-years old before applying. My wife stays home with the children – we really don’t need day care. We are thinking about some kind of pre-school program but haven’t started the search for one yet.”

Respondent C:

“Helps kids start their future in school. I considered it, but right now I just thought she would do better at home – all they do is play at Head Start and she can do that at home with her brother. Plus, he teaches her things.”

Personal, Family, and Environmental Risk Factors. Based on findings from the research literature and the staff focus groups, the nine respondents were asked questions about personal, family, and environmental risk factors. Similar to work cited earlier by Foster (in press), McLoyd (1998), and Vandivere, Moore, & Brown (2000), the 1999 Kids Count Data Book suggests that children facing multiple family risk factors are much more likely to exhibit negative child outcomes than children exposed to fewer family risk factors (Kids Count Data Book, 1999). More specifically, the authors suggest that children who are exposed to four or more of the following six key family risk factors are more likely to fail in life than children who experience fewer of these family risks:

- Not living with two parents,
- Living with a household head who is a high school drop-out,
- Having a family income below the poverty line,
- Living with parent(s) who do not have steady, full-time employment,
- Being a member of a family receiving welfare benefits, and
- Not having health insurance coverage.

Almost all of the respondents (7 of 9) reported exposure to three or more of the six risk factors presented above, and three of the respondents reported exposure to four or more of the family risk factors. Exhibit 3-24 summarizes each participants’ total family risk.

Exhibit 3-24 Total Family Risk Based on Kids Count Risk Factors		
Family Risk Factors	Participants	
	Site 1 (UrbanEast)	Site 2 (Rural)

						West)			
	1	2	A	B	C	3	4	D	E
Child not living with two parents	✓	✓			✓	✓	✓		
Household head a high school drop-out						✓	✓		✓
Family income below poverty line	✓	✓	✓	✓	✓	✓	✓	✓	✓
Child living with parent(s) who do not have steady, full-time employment								✓	
Family receiving welfare benefits	✓	✓	✓	✓	✓	✓	✓	✓	✓
Child does not have health insurance coverage	✓					✓			
Total number of risk factors	4	3	2	2	3	5	4	3	3

Based on the Head Start staff focus group findings that suggested that families who enrolled in Head Start but never attended, or enrolled in Head Start and dropped out of the program, were likely to be families with fewer coping skills who were at higher risk for substance abuse or domestic violence, information was also collected on the following environmental and personal risk factors:

- Neighborhood violence and neighborhood disorder,
- Alcohol and drug use, and
- Domestic violence.

There were no refusals by respondents to answer any questions regarding these risk factors.

Neighborhood Violence. Seven of the 9 caregivers reported frequent exposure to crime in their neighborhood, although it was mostly non-violent crime. Four of the caregivers reported that they heard or saw violent crime in their neighborhoods (2 of the 4 reported having had this occur more than once) and 3 of these same 4 caregivers reported knowing someone in their neighborhood who was a victim of violent crime. One caregiver reported that she was a victim of violent crime in her neighborhood and in her home.

Family or Domestic Violence. When asked about their children's exposure to violent crime or domestic violence, only one caregiver reported that her child was a witness to a violent crime. A three-item screening measure suggests that two of the nine caregivers were likely victims of domestic or partner violence.

Substance Use. Seven of the 9 caregivers reported smoking cigarettes, and 4 of the 7 reported living with other household members who smoked. Five of the 9 caregivers reported drinking alcohol in the past 30 days. Among the five drinkers, two reported having drunk five or more drinks in one day, and one caregiver reported having three drinks per day. Of the two caregivers who reported drinking five or more drinks in one day, one reported having done this three times in the past 30 days; the other reported having done this only once in the past 30 days. Of the four caregivers who reported living with other household members who drank, two reported that the household members drank once or twice a week, and two reported that household members drank once or twice a month.

Six of the 7 caregivers reported having used marijuana at some point in their lives. When asked about current marijuana use, three of the six caregivers reported that they had not smoked marijuana at all during the past 12 months. The other three caregivers reported smoking marijuana during the past 12 months, but less than once a month. Only 1 caregiver out of 9 reported living with someone else in the household who smoked marijuana and that person's usage was reported to be less than once a

month.

Only two of the primary caregivers reported having used other drugs in their lifetime. Both caregivers reported past use of cocaine, crack, or heroin; 1 of the 2 also reported past use of sedatives and amphetamines without a prescription. However, both reported no current use of any of these substances within the past 12 months.

3.9.3 Parent Interview Summary

The primary goal of the spring 2000 data collection was to test the feasibility of identifying, contacting, and interviewing families who were in the Head Start-eligible population but not using Head Start services and to pilot test a model interview for use with non-Head Start families. Nine families were successfully identified, contacted, and interviewed. The implications of the findings and process presented above will be discussed in Chapter 4 of this report.

3.10 Conclusions Regarding Findings from the Primary Data Collection

For this project, a series of small-scale data collection efforts yielded both substantive information regarding the characteristics of the Head Start-eligible but non-enrolled population and the feasibility of obtaining a greater depth of information from that group of families. Data collection included 1) focus groups with Head Start staff involved with recruitment and enrollment, 2) focus groups with parents of Head Start-eligible but non-enrolled children, 3) a review of recruitment records for children who were recruited but not enrolled as well as children who enrolled in Head Start, 4) a review of Head Start waiting lists, 5) interviews with staff in community agencies regarding contact with Head Start programs⁵¹, and 6) interviews with parents of Head Start-eligible but non-enrolled children. The following is a summary of findings described in this chapter:

Recruitment

- Recruitment of children was described as an on-going process at both the program (urban sites) and center (rural sites) levels with the most intense recruitment periods occurring during late spring and early summer. Program staff focused recruitment efforts on low-income areas near the centers and on the “neediest” families within those areas.
- Staff consistently reported frustration in having to recruit within national poverty guidelines and expressed feelings that many of the “neediest” families were not income-eligible.
- In virtually all sites, including those with little or no waiting list, staff could identify pockets of eligible but unserved children within their service area. Often, difficulties associated with long-distance transportation prevented programs or centers from recruiting in some locations of their service area.
- Staff acknowledged the importance of matching the cultural background of the recruitment staff with potential enrollees, but admitted that this was not always the practice and often only matched on language.
- While service boundary lines between Head Start programs were often blurry and staff from neighboring Head Start programs sometimes found themselves recruiting the same families, programs worked together to find the best solutions to serve all the families when boundaries were in conflict.
- Information provided in Head Start recruitment records differed substantially from one program to another. However, family and child characteristics that were reported for most or all children were similar for three groups of children: (1) those recruited but never attending; (2) those enrolled who withdrew shortly after initiation of services, and (3) those receiving services. In all three groups, over 90% of families were below the poverty line (although the means of establishing and verifying family income was frequently unclear);

- Community agency staff believed that their relationships with the Head Start programs were important and generally positive, and many agencies reported having a collaborative relationship with Head Start. Yet, most interactions with Head Start were informal and did not involve regular communication. Over one half (55%) of the agencies reported that they rarely or only sometimes referred clients to Head Start.

Enrollment

- All programs employed combinations of risk factors determined by each program based upon input from staff and parents to prioritize enrollment. In some cases, ranking of priorities for enrollment was set differently by centers within a program.
- Across all programs, children with disabilities were heavily recruited and received high priority for enrollment.
- There was no consistent enrollment decision-making process across sites. Decision-makers varied, exceptions to priority criteria occurred, and staff occasionally failed to verify information where they felt families might benefit greatly from enrollment.
- Head Start staff reported that requirements to meet full-enrollment by a certain date sometimes precluded them from enrolling the neediest families. Many staff indicated that higher functioning, less needy families were more likely to complete the applications and provide the documentation necessary for enrollment.

Waiting Lists

- There was no standard definition of “waiting list” across programs, nor were waiting lists maintained in a consistent manner. Generally, lists were maintained at the center level and were not updated until an opening occurred.
- Some staff felt that waiting lists gave families a “false hope” of enrollment for their children.
- When openings occurred at Head Start programs, many families on the waiting lists were no longer interested or able to be contacted.

Retention

- Programs followed similar policies regarding termination of enrollment. Frequently, children simply stopped attending; after a period, families were contacted directly to determine their interest in continuing with services.
- Retention of children was often most difficult for the “neediest” families and children - while they dropped out at higher rates, they remained the highest priority for recruitment and enrollment.

Description of Eligible, Non-Enrolled Families

- Staff reported that families who chose not to enroll or dropped out of Head Start shared similar characteristics and concerns. Five main family typologies emerged: 1) families that moved frequently, 2) families with problematic situations or inadequate coping skills, 3) families with service needs not met by Head Start program options (e.g., brief length of the program day), 4) families unwilling to separate from their young children; and 5) families who lacked transportation.
- Some non-enrolled families felt that the educational component of the program was inadequate and that children were negatively labeled as “Head Start” children when they entered elementary school.

- Staff agreed that Head Start had a mixed reputation among unserved families, but felt that negative factors were either misunderstandings (no educational focus, serve only minority children or children with disabilities or emotional problems) or issues beyond their control (transportation, length of the program day). The parent interview case-studies supported this presumption.
- Many Head Start staff suggested that the true “missing” families may be the “working poor” who were not connected to the service community and who wanted their children cared for at home by a friend or relative or by informal child care such as family day care providers. Staff members indicated that the challenge for Head Start will be to find ways to engage and support the informal child care network, particularly as Head Start seeks to expand services and must partner with other types of child care to meet its expansion goal.

³⁸This Head Start program was in the process of updating its community assessment. They did not want to submit their current community assessment because they felt it would not accurately reflect that the needs of their community had changed considerably due to welfare reform.

³⁹The 11(th) Head Start program was invited to participate in the focus groups at one of the sites in the West; however, due to the late date of their inclusion, they were not asked to provide a copy of their program’s eligibility criteria.

⁴⁰Although Program 02 had a list of factors to be considered in enrollment, the items were not given a priority ranking.

⁴¹A fourth Head Start site was targeted for a parent focus group. This site was unable to recruit enough non-enrolled Head Start parents to participate. This was because families who dropped out of the program early, or decided not to enroll, had moved from the geographic area and were unavailable to participate.

⁴²Because the number of years of experience for staff was missing from 2 of the 18 staff focus groups conducted, the range and means presented are based on 16 groups; 8 for each type of group.

⁴³ One focus group was not audio-taped at the request of the Head Start Director.

⁴⁴ An example of a data display is found in the Appendix E.

⁴⁵At Site 1, a few of the parent participants were unhappy because the Head Start Program was unable to open the particular center their child was targeted to attend at the start of the school year. Their feelings about this inconvenience seemed to affect the parents’ overall perception of Head Start and may have impacted how the parents responded to the questions. This Head Start program partners with a State-funded child care subsidy program as part of the Head Start effort to provide expanded hours of service for families. The subsidy program provides monies to parents to offset the cost of the supplemental hours. Because this State-subsidized program has building code requirements that are more stringent than Head Start’s requirements, the Head Start center was delayed in opening until the property where the center was housed could be brought up to code.

⁴⁶ Age of parent referred to both teen parents and/or older parents.

⁴⁷The ten Head Start FACES communities selected for the community agency interviews were matched to the FACES program sites invited to participate in this current study in order to facilitate data sharing across projects.

⁴⁸Respondents 1-4 reported having their Head Start-eligible children in some type of child care; respondents A-E reported that their children were not in child care.

⁴⁹The respondent is referring to Discover Land, a community day care center.

⁵⁰This mother reported that she had an older son who did not go to Head Start for the same reasons.

⁵¹ This data collection was completed for the FACES Validation SubStudy.

4.0 Conclusions and Lessons Learned

4.1 Overview

From casual observers of Head Start to Federal program staff to the Advisory Committee on Head Start Research and Evaluation, there has been an ongoing interest in learning more about eligible families who remain unserved by Head Start. This feasibility study was conceived with a similar intent, and specifically addressed two general goals. First was an effort to understand the current perspectives of Head Start staff regarding recruitment and enrollment activities, while the second goal was to assess the state of knowledge regarding enrolled and non-enrolled Head Start-eligible families. As part of this second goal, the study team sought to determine the feasibility of identifying and engaging the parents of non-enrolled, Head Start-eligible preschool-age children in individual interviews. A discussion of the key findings of this effort is presented below, followed by a listing of the major lessons learned from this project.

4.2 Discussion of Findings

Findings from the multiple data sources used in this study are discussed below to build a better understanding of how the Head Start program staff worked to bring families into the program and to determine what information is available about the eligible, unserved families.

Head Start Recruitment Activities. The recruitment strategies identified by programs were generally uniform across all the focus group sites. Head Start staff reported that recruitment was viewed as an on-going, year-round process, with the most intense recruitment periods being spring and summer, a finding supported by the listed enrollment dates noted in the recruitment record reviews. These records indicated that families were applying throughout the calendar year, with most applying during the few months prior to the beginning of the Head Start year. While many staff noted the use of formal recruitment activities (taking referrals from community agencies, setting up booths at community events), it is important to note that they felt that recruitment really occurred anytime the opportunity arose, even through activities as informal as observing and meeting a family with a preschool-age child in a grocery store in an area populated by eligible families. While this philosophy suggested that all staff persons, from the program administrators to teachers and aides, had responsibilities in this area, the majority of the recruitment efforts were actually handled by the field staff. Staff from rural programs noted that their recruitment activities were managed at the center level, while the urban staff reported that recruitment was more of a program-wide effort. The reports from the staff focus groups on recruitment activities were similar to those of Head Start staff in previous work on this topic (Love & Grover, 1987).

Head Start staff, particularly the field staff, reported that while they tried to target the "neediest of the needy" in their recruiting, their recruitment efforts with these particular families were not always successful. They suggested that breakdowns in recruiting these families have, in turn, sometimes led them to recruit eligible, but less needy families. They indicated that this was done to ensure that the program met its targeted enrollment by specified dates. Field staff expressed concern about the potential loss of Federal funds and, therefore, the potential loss of their jobs, if these enrollment target dates were not met.

During recruitment, the field staff in many programs met with families to assist in the completion of applications, either in the homes of the families, at designated program sites, or during community outreach activities. The Head Start staff person used these opportunities to observe the areas of family need and review appropriate documentation for the verification of income to determine income eligibility for enrollment. Staff reported

that some of the parents they recruited felt the level of required documentation for enrollment was too invasive.

Field staff noted that particular family situations may have influenced how far they actually would go to verify the income information provided by the families. For example, staff reported that they have sometimes encountered families with social service needs who did not qualify under the program's income eligibility guidelines. In some of these cases, staff have accepted income information from families without full verification or took an older (and acceptable) piece of documentation that suggested the family was income-eligible, rather than more recent information that would have left the family over the income eligibility threshold and out of Head Start. Staff admitted that they occasionally bent the rules, reflecting their need to meet enrollment targets or, in the more likely case, highlighting their desire to help families who they believed were in particular need of Head Start services, but would not have qualified for Head Start under a strict application of the program's income guidelines. In many cases, even a few over-income families would not have been a problem, given the leeway programs have to accept up to 10% of their enrollment with incomes over the FPL. However, the tone of this particular discussion by the staff clearly implied that they felt they were not strictly adhering to the guidelines they were given for recruitment.

A number of factors were reported that impacted local recruitment efforts. The staff focus groups noted that their recruitment activities have been influenced by the mobility of families. This was consistent with Love and Grover's report in 1987 about pockets of eligible families that moved within a program's service area while seeking work and affordable housing. Current staff also noted that family mobility, for the same reasons, impacted their recruitment activities and their ability to offer Head Start services to families in parts of their service areas where Head Start was not prepared to serve (e.g. based on the proximity of centers and the availability of transportation). The general availability of transportation in an area sometimes factored into decisions to recruit particular families in particular areas, because these children were not able to be transported to class each day by the program.

Administrative staff acknowledged the importance of matching the cultural or ethnic background of their staff with the families Head Start was seeking to serve, but they admitted that this was not often the practice. Field staff concurred, reporting that the task of recruiting new families from different ethnic groups was a problem when the staff sent to those families was not representative of that ethnic group. This was particularly true in areas where communities of immigrant families have grown quickly, often in response to new work opportunities. Unfortunately, while some recruitment staff may have been able to speak the native language of these families, they were less likely to understand the culture. Many staff recognized the importance of learning about the culture of families in their efforts to build links to these new communities, and felt unprepared to recruit and serve these potentially needy families.

During recruitment activities, staff noted that Head Start was coming face-to-face with new competition for 4-year-old children from both public preschool programs and state-subsidized child care. Staff felt that some parents found these alternatives superior to Head Start, for reasons that ranged from the increased educational focus of these options to the increased convenience families found in having all their children at one school during the day. These reports were supported by the parent focus groups, where educational issues were a primary focus of many non-Head Start parents. One point that did become clear was that despite the best intentions of the local Head Start staff, there remained a mismatch between local program models (full- or part-day, home- or center-based) and the needs of the families in some locations.

In focus group discussions, staff, particularly the administrative staff, acknowledged the formality of the established boundaries between the service areas of neighboring Head Start programs, yet reported that these boundaries were often blurry. When service boundary lines were in conflict, staff reported they were more than willing to work with

another Head Start program to problem solve for solutions to help specific families that may have been unserved. For example, in some rural areas, centers in one program were used to serving children from an adjacent service area that had no centers near that location. In another example, one of the urban programs jointly sponsored a center with another local Head Start program near the shared border of their service areas.

Just as researchers have often focused on barriers to low-income families' receipt of services, Head Start staff also encountered barriers in their recruitment activities. These barriers included 1) addressing families' misconceptions about Head Start (who is eligible, what the program offers), 2) the presence in the communities of alternative services (public preschool, subsidized child care) that may better serve families' needs, and 3) an inability on the part of the program itself (lack of physical space, transportation, inadequate hours, or specialized staff) to reach or serve all the families that could benefit from its services. In general, the recruitment activities across the programs showed that Head Start staff were trying to make inroads into the communities of families that needed them most, but they were not always able to serve these families. What these staff, particularly the field staff, brought to the effort to combat these barriers was the passionate belief that Head Start provides a superior service for children and families, and the willingness to go to considerable lengths to bring needy families into the program.

Head Start Enrollment Activities. There was little consistency across programs in the actual process of selecting families, but all program staff suggested they had the opportunity to adapt or override the formal system in order to serve particular families, when needed. The final decision for selecting families for enrollment was left to an individual or to some form of committee, and the make-up of these committees varied from program to program. All the committees included staff, and some also included parents from the Parent Advisory Committee.

Common to the enrollment decision was the use of predetermined eligibility risk factors to assess family need. Because these risk factors were selected to reflect the needs or risks of the communities where these families lived, they also varied from site to site. In most, but not all cases, these risk factors carried assigned values that were summed to generate a priority score for each family. The higher the score, the greater the risk for that family and the more likely they were to be enrolled in the program. The use of local community assessments to establish enrollment objectives was consistent with the findings of Love and Grover (1987). It was interesting, however, to learn that even after objective priority scores were determined for families, in most programs the recruitment staff — the individuals who assisted families with the application process — usually had opportunities to subjectively advocate for particular families they thought would benefit from the program. Advocacy was based on direct observations of family needs that staff felt were not reflected in their final priority score based on the compilation of eligibility risk factors.

Once all available classroom slots were filled, the remaining families were placed on a waiting list. More often than not, the waiting lists were kept at the individual center-level, but staff did report that occasionally, when spaces opened up, they would offer the spot to children from other centers within their program if these families were more needy (had higher priority scores) and if transportation was available. Unfortunately, the issue of waiting lists was somewhat frustrating for staff. The PIR findings suggested that there is a need for waiting lists based on the number of families that typically dropped out of programs during the course of a year. The FACES staff interviews offered strong evidence of great variation in the size of these waiting lists, both across and within programs. Head Start staff suggested in the focus groups that many families who were put on the waiting list would never actually enter the program. These families usually sought alternate sources of care for their children, citing that they could not wait for an opening in Head Start that might never come their way.

Head Start Retention Activities. During recruitment and enrollment activities, staff encountered families who quickly chose not to come to Head Start. Other families enrolled and started the program, but then chose to withdraw. It is important to understand why

families left Head Start and how program procedures have addressed this issue. A review of the focus groups found similar follow-up procedures were used across all programs when children stopped coming to Head Start. These procedures included formal (letters) and informal (home visits and telephone calls) contacts with families after a child had a series of consecutive, unexplained absences (typically three consecutive days). What staff reported was that families left Head Start for a variety of reasons. In order of frequency, these reasons included families moving (and often not notifying Head Start), problematic family situations that precluded the family from having the child at the program (domestic problems, substance abuse, mental illness, or lack of motivation, organizational skills, or coping skills), the failure of Head Start to offer certain needed services (full-day care), separation issues for parents with young children, and transportation difficulties.

These findings were confirmed by the FACES exit interviews and the parent focus groups, which also provided some evidence of dissatisfaction with the local Head Start programs that was not typically evident in the FACES data. In fact, for the eight program satisfaction items used in both the FACES parent interviews and the exit interviews, the frequency of dissatisfaction ranged from 2.5 to 7 times greater among parents who had left the program (see Exhibit 2.8). In general, dissatisfaction was still reported by a relatively low percentage of parents, with less than 20% of parents reporting dissatisfaction on any of the eight items, and on a majority of the items, less than 10% of parents noted dissatisfaction. Similar to the reported findings in Love and Grover (1987), it also appeared that the reasons families left Head Start were very similar to the reasons other families chose not to enroll in Head Start in the first place. Staff indicated that they worked hard to retain families wherever possible, and that by working with these families on problem solving and creating solutions, Head Start often became more attractive and viable.

Perceptions of Head Start. One area noted as having significant impact on recruitment, enrollment, and retention was the perception of Head Start that was held by families and by the community agencies serving low-income families in each particular location. The FACES interviews conducted with community agencies found that while most agency representatives reported positive relationships with Head Start, some reported that program staff were unwilling to collaborate with them on activities that would serve their shared target population. Less than one half of the agencies contacted indicated that they regularly made referrals to Head Start. Some agency staff reported that there was an "elitist attitude" on the part of the local Head Start program that made it difficult for Head Start to actively develop the links it needed with other community agencies. Interestingly, this view was echoed by one of the administrative staff focus groups. This group reported that Head Start was perceived as arrogant by the local child care community, that Head Start looked on them with disdain, and would make unfair generalizations about the quality of care in non-Head Start settings. These administrators suggested that a challenge for Head Start would be to build better links with the informal child care network in their communities. These represent the type of links that Head Start needs to reach eligible, unserved families as well as to provide families with access to needed services.

Some parents reported concerns about the perceived quality of a Head Start education. In at least one location, parents and staff reported that children were labeled as "Head Start" children in the local school system, reflecting the negative perception of the school staff towards these children. Parents also felt that Head Start sacrificed education for socialization, and some Head Start staff felt they were viewed as unqualified educators or glorified babysitters. While the reports came primarily from the parents and staff at a few programs, the notion that Head Start was a play program without an educational component or plan was certainly not unique to those sites.

Misconceptions about the program were noted by staff and actually demonstrated by parents during the individual interviews. Eligible parents who had no experience with the program and did not know other families who were enrolled likely based their enrollment decisions on what they understood about the program, including reported misinformation

about Head Start eligibility and what the program actually provided in terms of services for low-income children and families. Misconceptions were as simple as thinking that Head Start was a program that served only working families, children with behavioral problems, minorities, or disabled children. Successful recruitment efforts require staff to engage these families and communicate with them so accurate pictures of how Head Start serves low-income families can be fostered and families do not overlook opportunities that may provide them with critical benefits. Community consciousness-raising about Head Start was discussed by some staff in their focus groups as a method for improving the image of Head Start in the community and helping bring families from the target population into the program.

Identifying Characteristics of Eligible, Unserved Families. The exercise of reviewing national datasets for information on enrolled and non-enrolled Head Start-eligible families did not yield many conclusive findings. While the depth of information on eligible families was slim, one clear conclusion was reached. All the relevant data sources confirmed that nationally there have been large numbers of Head Start-eligible families who were not enrolled in the program. This conclusion is similar to one proposed by Love and Grover (1987) and is supported more recently by the findings of Nord (1999), as well as by the perceptions of the Head Start administrative and field staff during the focus group discussions. Even in the program sites considered to be "fully served," staff acknowledged that pockets of eligible, unserved families existed.

The large national datasets (e.g. SIPP, NLSY79, PSID) seemed to suggest that Head Start served a number of families who were identified as over-income. This may be due to a number of factors, such as the natural maturation of some families, the potential impact of welfare reform on increasing family income, as well as the potential positive impact received from Head Start participation. It also may be that Head Start staff consciously or unconsciously make exceptions to the income guidelines for some of these families. One consistent finding across all the administrative and field staff focus groups was that staff regularly encountered families who needed Head Start services but were barely over the income-eligibility threshold. Just as Love and Grover (1987) found in the pre-welfare reform era, staff strongly believed that Head Start was missing an important opportunity to assist families in need. They emphasized that the need they saw was not satisfied by simple economic improvements. In fact, some needs grew as families became ineligible for certain services with the increase in their family incomes. The focus groups with administrative and field staff invariably spurred passionate discussions about the need to adjust income guidelines upwards, arguing that the needs of many families living on incomes above the traditional eligibility cutoff (Federal Poverty Level) were as great as those for families considered to be living in poverty.

Staff also suggested that unserved families in their communities may be those who lacked the necessary knowledge or means to access the local child and social service networks, as well as families who simply chose not to use services of any sort, Head Start or otherwise, preferring to manage on their own. This latter group included families who were just more comfortable having their children stay at home or with a family friend until they started kindergarten. Some families liked the comfort and informality of home and family day care settings and chose to forego the opportunities that Head Start might bring them.

Much of what was reported here on unserved families came directly from staff reports and the pilot parent interviews, and not from the more quantitative national data of the SIPP, NLSY79, and PSID. As noted earlier, the differences in the construction across the national datasets were serious enough to preclude their use in generating a consistent picture of families who were not in Head Start. These datasets also lacked the necessary information to offer insight into what caused families to not enroll in Head Start when they were eligible. For some families, the reason was simply the fact that they were unaware of the program, but for others there was a clear choice not to participate. Given that the national datasets did not address these issues and did not provide a consistent picture of the risks faced by these families, they were not sufficient to provide the necessary information noted at the start of this section. Further investigation is warranted, as long as there is a

need for this type of information by Head Start at the national level.

4.3 Lessons Learned

The findings from this feasibility study provide knowledge relative to several different issues. These are presented below as lessons learned from the study.

Actual Program Practices Do Not Always Fit with Prescribed Program Procedures.

While local and national program procedures provided guidelines for how staff recruited and enrolled families, staff sometimes took it upon themselves to assist certain families in the enrollment process, particularly if they truly believed that enrollment was in the best interests of those families. Sometimes this aid took the form of advocating for the family during the enrollment decision process. In some cases, aid took the form of "bending the rules," such as documenting that a family who really needed Head Start services qualified under the income guidelines, when in fact they may have been ineligible. These activities, however, were not considered gross abuses of the system. Rather, they were presented in terms of sincere efforts to take advantage of opportunities to provide assistance to needy families who otherwise would have not received any assistance at all. It is likely that Head Start rules and procedures were actually maintained during this advocacy process, but across sites, the staff clearly perceived their actions as being at least slightly askew from the norm.

For Many Families, "Need" Is Not Solely Defined by Economics. Head Start eligibility starts with qualifying according to the income guidelines, meaning the program accepts families with incomes at or below the FPL. While families with incomes in this range certainly have economic needs, need is not solely defined by economics. In Love and Grover's 1987 report on recruitment and enrollment, one of the major conclusions was that the definition of need cannot be limited to economics, as low-income families often had great need in other areas as well. In this study, the staff who participated in the focus groups often hammered home the same point. They reported that they tried to focus on the neediest families by bringing in those facing the greatest challenges. Instead of simple financial hardship, these families also battled other hardships, such as substance abuse, mental illness, domestic violence, or limited education. This is also why staff argued so strongly and eloquently for Head Start to offer services to over-income families: even in better economic conditions, these families were still "needy" and required better links to Head Start and other community services.

The other income-related lesson is that family income is not a fixed value relative to poverty level. The FPL was established as a set of values that vary based on family size, and does not adjust to consider the relative cost of living in different areas of the country. However, families were not only impacted by how well their income could support them in a particular location, they also dealt with variations in local resources. For example, while the cost of living in a rural area may be lower than in an urban area located in the same state, a family in the rural area may face additional transportation limitations and have fewer community support services to assist them. Potential variations in support for local families highlight the need for up-to-date and complete community assessments, so that local Head Start programs can truly be responsive to the needs of their community.

Wide Variations Exist Across Programs in the Management and Use of Waiting Lists. There was a general inconsistency across the local Head Start programs regarding the use and application of waiting lists for enrollment. Although most programs had what they considered a formal waiting list, this list was often formal in name only. While the lists were updated as new families applied and other families already on the list were called to replace dropouts, Head Start staff only verified information for families on the list when actual classroom openings occurred. At that point, it was typically determined that many of the families on the list had already found alternative sources of care or the family was simply no longer able to be contacted. Even though the PIR confirms that classroom turnover is expected each year, there are no guarantees for families on the waiting lists as to if or when they may be offered a slot in the program. Most families needing child care

and preschool services for their children will not wait for spaces to open for them. If they are not enrolled in Head Start, they seek and use alternatives where they are available.

National Databases Have Restricted Usefulness for Providing Information on Families Who Are Eligible for Head Start. It was hoped that the use of extant national datasets that were able to identify families with young children as having been enrolled in Head Start would provide useful insights into possible differences between enrolled and non-enrolled Head Start-eligible families. Unfortunately, for the most part, this was not the case. Inherent differences in the construction of the datasets resulted in significant concerns about attempts to make judgements across the datasets. These differences were in areas as basic as the sampling frame and the targeted respondents, and produced variables that were expected to be comparable, but in fact were not because of differences in their definition of terms, including child care, Head Start use, and particularly in the area of family income.

In addition, some of the information about these families that would be most useful to Head Start was not available in these datasets. Such information included further details of family risk (similar to the risks identified by local programs in prioritizing enrollment) and family needs (such as child care) that may impact the ultimate decision to enroll in Head Start. While these datasets represent impressive, national efforts, they were insufficient for the specific purposes of gaining further insights into this study's target population.

It Is Feasible to Identify and Engage Unserved Families. One of the final efforts of this project was to complete a primary data collection with nine parents of children who were eligible for Head Start, but not enrolled. This task had two components: Identifying the eligible, non-enrolled families, and completing a pilot interview with the primary caregivers in those families.

The study found that three strategies are potentially successful for identifying eligible families. The primary method was the use of listed household samples for each of the two selected locations. As opposed to a list of random phone numbers, the listed samples were targeted to include low-income families and families likely to have children under the age of 5. These samples were applied successfully in the recruitment of families into the study. The use of this general population sample was important in reaching those families not connected to the service community. In addition, parents who were contacted about participation were asked to provide referrals to other families they knew who might be eligible for the study. Most parents responded positively, providing one or two names each. Finally, while in the field to conduct the interviews, the research staff also contacted several of the local service agencies that had participated in the FACES community agency interviews. Without providing individual names, most agencies offered useful suggestions for locating Head Start-eligible families in their service areas, and many offered to actively help contact the families to invite their participation, if needed.

As for the families who were successfully contacted by telephone, all who were eligible to participate indicated they were willing to complete the interview. The interview that was tested during this data collection was similar to that used in the FACES study, but also included a number of sensitive questions about family risks, such as substance use by family members and domestic violence in the child's home. All inquiries were fully answered without question by the respondents. The tested methods yielded a series of successful contacts and no refusals to participation in the study or to any sensitive questions, suggesting that a larger data collection targeting eligible, non-enrolled families is feasible.

4.4 Head Start's Future Information Needs

Internal Steps Towards Improved Head Start Information. In terms of information that is available from Head Start, the primary source is the Program Information Report (PIR). Unfortunately, for the purposes of this study, the utility of the PIR was limited because it only provided information at the program level, and not at the center or family

level. The Head Start Family Information System (HSFIS) is an important step in generating center and family level information, but it appears that the implementation of this system may not be program-wide, particularly with competing systems, such as Child Plus, already in place. In the future, the ability to capture local data on families who enroll and never show, or who start the program and drop out, may be helpful in identifying needed services for these families. The use of more formal data collection opportunities, such as exit interviews with parents of children who leave the program, could also have great potential for program planning and adaptation to their local communities' needs.

Feasibility of a Study to Develop an Understanding of Head Start-Eligible, Non-Enrolled Families. The primary data collection efforts for this project offered evidence that families who were Head Start-eligible but unserved were able to be located through the use of targeted telephone lists as well as through referrals from either local agencies or similar families (enrolled or non-enrolled), and that parents identified through these means were willing to participate in interviews or focus groups. The demonstration of feasibility for these two activities suggests that a larger, focused data collection effort would provide nationally generalizable information that was unavailable from existing sources.

Such information is important at this time to the Head Start Bureau. It is anticipated that the Head Start program will continue to expand the numbers of children served. Information sources examined in the present project suggest a significant number of eligible preschool children reside in the communities served by Head Start. Unfortunately, as noted earlier, existing data sources provide little consistent information on a number of important issues, including but not limited to the following:

- Certain characteristics of unserved children and their families (family income relative to Head Start eligibility, employment, risk factors encountered by families);
- Information regarding preschool programs and other services for low-income families in Head Start communities;
- Parental knowledge about and attitudes towards Head Start and other preschool education and child care programs;
- Preferred characteristics of preschool programs;
- Previous and current need for and use of child care services; and
- Parental knowledge and use of other services for low-income families.

Targeting a data collection to families with children under the age of 5 would provide similar information for Early Head Start regarding the availability and use of alternative infant-toddler programs and child care for families eligible for the Early Head Start program. Such information, if available, would provide national and local Head Start administrators and planners with critical information and guidance regarding how these families are currently being served and how they might be served more efficiently. This information would be most useful if gathered from families that were representative of both those with children in Head Start and those with children who were eligible, but not enrolled. Data obtained from such a sample would provide both the necessary information regarding the unserved population and comparisons with current Head Start families.

A national study to obtain the necessary information might take several forms. One would be similar to recent projects undertaken by the Head Start Bureau, including the Descriptive Study of Head Start Health Services, Head Start FACES, and FACES 2000. The central characteristics of this type of study would include:

- A nationally representative group of Head Start programs based on information

from the most recent Program Information Report dataset. Use of a representative sample of programs and listed household samples would ensure that the unserved families who were located and interviewed would be representative of eligible families residing within service areas of a diverse sample of Head Start programs.

- A sample of eligible but unserved families, best located through use of a listed household sample targeted to low-income families within the selected Head Start program service areas. A comparison of current Head Start families from the same locations could be identified as part of the listed sample, but this task would be accomplished more efficiently through collaboration with the local Head Start program. Such a collaboration could also make the identification and participation of program dropouts a consideration. Alternative methods of obtaining samples (referrals from local service agencies) are possible, but would likely restrict the representativeness of the sample of eligible non-enrolled families by not reaching families who are eligible and not participating within the social service system.
- A set of in-person interviews would be conducted with eligible but unserved families as well as with Head Start families in the same location. Interviews with local Head Start staff and local community agency personnel could also be conducted during site visits.

A study following the broad design outlined above would provide information necessary for Head Start (and possibly Early Head Start) to adapt, or □improve the fit□ between the program and unserved families. Of course, any such modifications should be carefully planned and implemented to avoid reducing the □fit□ between the program and currently served families. Access to broad-based information about the characteristics and needs of the additional target families and children is possible, and may enhance the chances that Head Start will meet its long term goals.

This research effort provided much useful information about the Head Start procedures in place for recruitment, enrollment, and retention of families. However, regarding the final answer to the question raised at the start of this chapter, the casual observers of Head Start, the Federal program staff, and the members of the Advisory Committee on Head Start Research and Evaluation will need to encourage further investigation to learn more about eligible families who remain unserved by Head Start.

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Appendix A: Descriptions of the FACES, NLSY79, SIPP, and PSID Databases

Descriptions of the Datasets

For each dataset, a subsample of families with 3- to 5-year-old children was selected based on their age eligibility for Head Start. The lone exception was the Head Start FACES dataset, which only included families with enrolled Head Start children.

Head Start FACES. The Head Start FACES represents the first cohort of a periodic, longitudinal data collection with a nationally representative sample of Head Start families. This cohort of 3,200 children and families was randomly drawn from 40 Head Start programs across the United States. Using a broad array of measures, FACES focused on classroom quality, children's experiences in Head Start, children's status at entry into and completion of kindergarten, and characteristics of Head Start families and how local programs serve them. Since this dataset includes findings on a nationally representative sample of Head Start families only, it is provided as a reference for judging the findings about Head Start families in the other datasets.

NLSY79: National Longitudinal Survey of Youth 1979. The National Longitudinal Surveys, sponsored by the Bureau of Labor Statistics, U.S. Department of Labor, are a set of surveys designed to gather information at multiple points in time on the labor market experiences of diverse groups of men and women. The National Longitudinal Survey of Youth 1979 (NLSY79) consists of a national probability sample drawn of young men and women living in the United States and born between January 1, 1957 and December 31, 1964. The sample included an overrepresentation of Blacks, Hispanics, and economically disadvantaged non-Black, non-Hispanics. The NLSY79 sample was first interviewed in early 1979 and has been re-interviewed 17 times since.

The NLSY79 Children is a child sample, which began in 1986, and targets children born to female NLSY79 respondents. During the 1996 Survey, interviews were completed with 7,103 children, or more than 87% of the children born to interviewed NLSY79 mothers. The NLSY79 children included in these analyses were 3- to 5-years old at the time of the 1996 survey (conducted between April and October, 1996). The respondents to the survey were the mothers of these children, i.e., the NLSY79 female respondents. These women ranged in age from 31 years to 38 years old at the time of the 1996 survey.

SIPP: The Survey of Income and Program Participation. The SIPP, sponsored by the United States Census Bureau, is a continuous series of national panels, with a sample size ranging from approximately 14,000 to 36,700 interviewed households. The duration of each panel ranges from 2 ½ years to 4 years. The SIPP sample is a multistage-stratified sample of the United States civilian non-institutionalized population. From 1984 to 1993, a new panel of households was introduced in February of each year.

The SIPP content is built around a "core" of labor force, program participation, and income questions, designed to measure the economic situation of persons in the United States. Each national panel consists of a series of data collection waves. Waves are conducted every four months, and cover the preceding four months (with the exception of the Head Start and child care questions, which cover the previous one month only). Within each wave, approximately the same numbers of interviews are conducted during each month of the 4-month period. The current project used data from the SIPP 1993 Panel, Wave 9, which was conducted during the period October 1995 through January 1996.

In addition, the survey was designed to provide a broader context for analysis by adding questions on a variety of topics not covered in the core section. These "topical modules" are assigned to particular interviewing waves of the survey. Among the topics covered by the modules are personal history, child care, wealth, program eligibility, child support,

disability, school enrollment, taxes, and annual income. The 1993 Panel, Wave 9 included a section on use of child care.

All household members 15-years old and over were interviewed; proxy response was permitted when household members were not available for interviewing. This study provides information on the characteristics of the respondent identified as the designated parent or guardian of one or more Head Start-age children.

PSID: The Panel Study of Income Dynamics. The PSID, initiated in 1968, is a longitudinal study of a representative sample of U.S. individuals (men, women, and children) and the family units in which they reside. It emphasizes the dynamic aspects of economic and demographic behavior, but its content is broad, including sociological and psychological measures. As a consequence of low attrition rates, the success of re-contact efforts, and the growth of participating families, the sample size has grown dramatically in recent years, from about 7,000 core households in 1990 to almost 8,700 in 1995. The study is conducted at the Survey Research Center, Institute for Social Research, University of Michigan.

Starting with a national sample of 5,000 U.S. households in 1968, the PSID has re-interviewed individuals from those households every year since that time, whether or not they are living in the same dwelling or with the same people. Adults have been followed as they have grown older, and children have been observed as they advance through childhood and into adulthood, forming family units of their own. Information is collected each year about the original 1968 sample individuals, their current co-residents as well as their children, regardless of whether they currently live with the respondent. The core sample is representative only of everyone who was in the United States in 1968 or those who have been born to such persons. As a result, recent immigrants to this country are under-represented in the sample. To remedy this shortcoming, a representative national sample of 2,000 Latino households was added to the study in 1990. That sample was differentially sampled to provide adequate numbers of Puerto Ricans, Mexican-Americans, and Cuban-Americans.

The PSID gathers information about families and all individuals in those families through annual interviews. A single primary adult - usually the male adult head of household, if there is one - serves as the sole respondent. Sometimes the wife (or cohabitor, referred to as "wife") of the head of household agrees to grant an interview when the household head does not. The single household respondent provides information about him/herself and about all other family members. The central focus of the data is economic and demographic, with substantial detail on income sources and amounts, employment, family composition changes, and residential location.

The Head Start participation question first appeared on the 1995 PSID Survey, but the most current final release PSID data was the 1993 Survey. Therefore, in order to analyze issues related to Head Start participation, it was necessary to identify Head Start participation by means of the 1995 Survey, and then examine family characteristics using the 1993 Survey dataset. This issue is discussed further in the next section.

Caveats About Each Dataset

As noted earlier, readers are cautioned that differences across the datasets preclude the direct comparison of findings. The following discussion illustrates this concern through the examination of one specific issue: the differences in the reported proportion of Head Start-enrolled children among ALL children in the study. The proportion reported for the PSID Sample (18.4%) is much higher than the proportions reported for the SIPP (6.0%) and NLSY79 (4.1%) samples. This discussion explores whether this finding is best explained by differences in the data or by the method of administration of the Head Start enrollment question across datasets. For each dataset, the specific Head Start enrollment question and the sample selection process are discussed.

NLSY79. The 1996 NLSY79 Survey (Child Supplement), which was administered April through October 1996, asked the following question regarding children who were under 8 years of age at the time of the interview/child assessment:

- Has [Child Name] ever been enrolled in the Head Start Program?

To construct this sample, all families with 3- to 5-year-old children were selected, and then sorted on the Yes /No responses to this question. Overall, 4.1% of these children were reported to have ever been enrolled in Head Start.

SIPP. The SIPP 1993 Panel, Wave 9, conducted during the period October 1995 through January 1996, contained the following question regarding children who were less than six years of age at the time the interview was conducted:

- During a typical week in [last month]] please tell me if [respondent] used any of the following arrangements to look after [name of child] while [parent] was working/at school: (The response options included "the Federally supported Head Start program")?

To construct the sample, all families with 3- to 5-year-old children were selected, and then sorted on the Yes /No responses to the Head Start question. Overall, 6.0% of these children were reported to have been enrolled in Head Start in the previous month.

PSID. The PSID question regarding Head Start was first included during the 1995 survey, and asked the following of all family members between the ages of 5 and 49:

- [Has he/Has she/Have you] ever been enrolled in Head Start?

Currently, only Early Release Data are available for the 1995 survey, and while those data are reasonably reliable for a variable such as this Head Start question, the Early Release Data generally are considered not yet adequately reliable with regards to income variables. The most current Final Release Data available for the PSID are from the 1993 Survey (which reports upon activities during 1992). Therefore, the sample was constructed of families with children who were 6-, 7-, and 8-years old when the 1995 Head Start question was administered. These children would have been 3-, 4-, and 5-years old in 1992. Analyses were then conducted on the 1993 Survey data for the families of these children. Overall, 18.4% of these children were reported to have ever been enrolled in Head Start.

Discrepancies Among the Datasets. One explanation for the discrepancies in overall Head Start enrollment among the data sets may be found in how and when the enrollment question was asked. While the SIPP asked about Head Start attendance of 3- to 5-year olds during the previous month, the NLSY79 and the PSID asked whether the child was ever enrolled in Head Start. Further, the NLSY79 asked the "ever been enrolled" question when the children were 3- to 5-years old, while the PSID posed this question when the children included in this study were 6- to 8-years old. The retrospective method, asking the "ever been enrolled" question for 6- to 8-year olds, gave them a larger window of time to have "ever been enrolled" than was provided for the 3- to 5-year olds studied in the NLSY79. This is expected to result in a greater number of children ever enrolled.

The key to this difference is the period of time during which the child had the opportunity to ever be enrolled. Under the NLSY79 scenario (i.e., asking the question regarding current 3- to 5-year olds), a 3-year old has up to one year to ever have been enrolled, a 4-year old up to two years, and a 5-year old up to three years to ever have been enrolled in Head Start. Similarly, for the SIPP, the time period covering Head Start enrollment was very restricted, covering only one month. Under the strategy applied (out of necessity) to the PSID data (i.e., asking the question of 6- to 8-year olds), all of the children effectively

have a three year period during which they could have ever been enrolled, because they have all exceeded the upper age limit. Given the greater time period during which children in the PSID sample could ever have been enrolled, it seems reasonable to expect that the proportion of PSID children identified as enrolled in Head Start would be higher.

Another point is that the same reason that results in PSID respondents having greater opportunity to report Head Start enrollment also increases the chance for respondent error in recall. The longer the time that has passed since a child was enrolled in preschool, the greater the chance for a recall error. Such an error may occur as a false positive - reporting the child was in Head Start when he/she was not enrolled - or as a false negative - reporting the child was not enrolled when he/she was actually enrolled in a Head Start program. The PSID also used fathers as primary respondents, and there is no current evidence on the accuracy of their recall of their children's preschool experiences that occurred one to three years earlier. The fact that mothers are more likely to be involved with preschool and that they are typically the respondents to such questions suggests that fathers may be prone to increased error in recall.

This discussion illustrates the need to approach the data as independent sources, each with its particular strengths and limitations.

Appendix B: Head Start Criteria for Program Eligibility

Head Start 1996 Family Income Guidelines Memorandum

Head Start Criteria for Program Eligibility

According to Head Start (Head Start Bureau, 1999), the primary criteria for program eligibility are 1) having a family income below the Federal Poverty Line and 2) the receipt of some form of public assistance. In the past, public assistance typically meant the receipt of Aid to Families with Dependent Children (AFDC) or Supplemental Security Income (SSI), but more recently this has referred to monies provided to families under the Temporary Assistance for Needy Families (TANF) program.

For families not receiving public assistance, Head Start eligibility is determined by comparing families' incomes to the official Federal Poverty Guidelines, which are adjusted annually in accordance with changes in the Consumer Price Index, and are published by the Department of Health and Human Services. In determining eligibility, Head Start clearly defines "family" and "income." Head Start regulations define "family" as "all persons living in the same household who are: supported by the income of the parent(s) or guardian(s) of the child enrolling or participating in the program, and related to the parent(s) or guardian(s) by blood, marriage or adoption" (Head Start Bureau, 1998).

The definition of "income" is derived from the United States Bureau of the Census (1998). Under this definition, income includes total cash receipts before taxes from all sources, with certain exceptions. Income does not include, for example, capital gains; any assets drawn down as withdrawals from a bank; the sale of property, a house or car; or tax refunds, gifts, loans, lump-sum inheritances, one-time insurance payments, or compensation for injury. Also excluded are non-cash benefits, such as employer-paid health insurance or other fringe benefits, as well as Federal non-cash benefit programs such as Medicare, Medicaid, food stamps, school lunches and housing assistance.

To the extent possible, these Head Start "family" and "income" definitions were applied to each of the national datasets to determine the eligible populations to be examined in this study. However, the nature and structures of the datasets did not always allow, for example, the identification of a family member who was "supported by the income of the parent(s)." Similarly, the method in which income variables were aggregated or disaggregated across the datasets also varied, and did not always allow for the identification of specified income categories. Decisions on how to address these problems within each dataset were made in consultation with project consultants who are experienced in resolving such issues.

Because Head Start has traditionally dropped the income eligibility requirements for children who are either disabled or in foster care, attempts were made to identify children in the study samples with these characteristics. However, none of the datasets had sufficient information to allow for this identification.

Appendix C: Summary Table of Family/Household Databases

Table 2-4 Characteristics of All Head Start Eligible Children by Data Set ¹							
DATASET:	FACES	PSID		SIPP		NLSY Children:	
<i>Findings from the PSID,</i>	<i>Enrolled</i>	<i>Eligible</i>	<i>Eligible</i>	<i>Eligible</i>	<i>Eligible</i>	<i>Eligible</i>	<i>Eligible</i>
Characteristic	(n =	(n = 1,158) (n = 142)	(n = 1,171) (n = 150)	(n = 418) (n = 59)	(n = 2,656) (n = 395)	(n = 108) (n = 35)	(n = 500) (n = 186)
Family Description							
Number in Household ²							
Number in Family	Mean =	Mean = 4.6	Mean = 4.3	Mean = 4.3	Mean = 4.6	Mean = 4.5	Mean = 4.5
Number of children under 18 years	Mean =	Mean = 3.0	*Mean = 2.6	Mean = 2.8	Mean = 3.0	Mean = 3.3	Mean = 3.0
Child Race ³							
White (non-Hispanic)	27.4%	41.2%	*60.1%	28.9%	*44.5%	48.3%	*43.9%
Black (non-Hispanic)	36.9	48.0	*24.8	49.1	*23.1	42.6	*32.7
American Indian, Eskimo, or Aleut	1.9	0.4	0.0	1.5	1.1	5.9	*11.8
Asian or Pacific Islander	1.1	0.0	0.0	2.3	*4.2	0.0	0.0
Hispanic	24.2	7.3	5.2	18.2	*27.1	3.2	*11.6
Age of Primary Caregiver ⁴							
Less than 20 years	2.4%	0.0%	0.0%	3.2%	*0.7%	-----	-----

20-29 years	59.3	38.9	37.8	64.7	*51.3	-----	-----
30-39 years	29.0	38.6	38.6	24.5	*37.5	-----	-----
40 years and older	9.3	22.5	23.6	7.6	*10.5	-----	-----
	Mean = 29.7	Mean = 33.4	Mean = 34.9	Mean = 29.3	Mean = 30.7	Mean = 34.6	Mean = 34.6
	Median = 28.0	Median = 30.0	Median = 33.0	Median = 27.0	Median = 29.0	Median = 35.0	Median = 35.0
Marital Status							
Married	42.2%	26.1%	*37.9%	20.7%	*45.9%	12.5%	*29.1%
Formerly Married	21.3	36.0	31.5	24.93	27.03	52.5	*40.2
Never Married	36.0	37.9	30.7	54.38	*27.08	35.0	*32.7
Education							
Primary Caregiver's Education⁵							
Less than High School Diploma	27.6%	49.0%	45.4%	40.8%	39.6%	30.9%	*33.6%
High School Diploma/GED	36.5	41.2	30.1	38.8	34.6	33.6	*35.4
Some College/Bachelor's Degree or Higher	36.3	9.9	24.6	0.5	*25.8	35.5	*30.6
Currently In School or Training	22.8%	-----	-----	17.0%	*11.4%	3.0%	*3.6%
Employment							
Employment Status⁶							
Employed: Full-time	34.4%	21.8%	26.9%	16.6%	17.2%	26.7%	*23.9%
Employed: Part-time	17.4	25.1	21.6	9.2	8.3	5.9	*11.4
Unemployed	19.7	11.8	11.9	16.4	*7.3	14.1	*9.1
Not in Labor Force	28.0	40.6	32.7	57.8	*67.3	53.2	*51.9
Multiple Jobs Concurrently ⁷	3.9%	1.8%	*10.4%	2.4%	*1.0%	0.0%	*0.5%
Family Income and Program Participation							
Total Family Annual Income⁸							
Mean	\$14,907	\$11,276	\$12,133	\$10,649	*\$12,928	\$12,593	\$11,296
Median	\$13,200	\$8,904	\$8,568	\$9,930	\$10,200	\$8,748	\$10,368
Federal Poverty Level (FPL)⁹							

Income < 50% of FPL	16.90%	35.9%	42.6%	42.3%	*34.9%	23.4%	*41.7%
Income between 50-99% of FPL	36.91	53.9	*35.1	40.3	*51.0	56.8	*42.4
Income between 100- 199% of FPL	36.23	4.1	*13.9	15.0	*10.4	12.3	13.3
Income 200% or greater than FPL	9.97	6.1	8.4	2.4	3.7	7.5	*3.5
Other Sources of Support							
AFDC	30.6%	70.8%	*56.2%	62.3%	*44.5%	69.5%	*38.3%
Supplemental Security Income	13.4	20.0	*4.6	14.0	*9.8	10.2	*18.2
WIC	56.1	-----	-----	42.2	*28.4	68.7	*45.1
Food Stamps	50.2	81.8	*56.4	70.0	*57.2	80.2	*50.2
Housing							
Public or Subsidized Housing	22.1%	37.4%	*21.1%	41.1%	*23.8%	23.7%	*19.4%
Number of Moves in Previous 12 Months¹⁰							
None	64.3%	71.5%	70.3%				
One or More	35.2	28.5	29.7	-----	-----	-----	-----
		-----	-----				
Health Status/Insurance Coverage							
Primary Caregiver Health Status¹¹							
Excellent	21.3%	7.8%	*20.4%				
Very Good	28.4	33.2	28.5				
Good	33.8	40.7	*24.5	-----	-----	-----	-----
Fair	14.4	11.5	*23.4				
Poor	2.2	6.8	2.6				
Child Health Status							
Excellent	44.8%			32.1%	*37.7%		
Very Good	30.5			19.5	*25.3		
Good	18.0	-----	-----	16.8	*10.3	-----	-----
Fair	6.2			4.5	6.0		
Poor	0.4			0.0	*1.3		
Child Disability	17.6%	-----	-----	-----	-----	1.1%	*2.1%

Child Health Insurance Coverage ¹²							
Private	31.4%			10.9%	*18.8%	51.2%	*45.7%
Medicaid	59.3	55.8%	51.4%	76.3	*70.5	81.7%	*57.3
Other	-----	-----	-----	-----	-----	-----	-----
Child Care Arrangements							
Arrangements ¹³							
Family/Friend	19.2%	-----	-----	44.6%	42.3%	-----	-----
Family Day Care	2.4			6.3	6.3		
Center Based Day Care	6.1			22.6	25.0		
Hours/Week in Primary Arrangement	Mean = 19.2	-----	-----	Mean = 28.2	Mean = 29.6	-----	-----

¹ An asterisk represents a significant difference between eligible enrolled vs. eligible not enrolled children in each dataset per characteristic analyzed. Statistical significance was tested at the .05 level.

² **FACES**-Household is defined as the household in which the Head Start child resides.
PSID-Household is defined as the household of the head (respondent). In the household, other related or non-related family units may be included. Family refers to a family unit that are related by blood or marriage.
SIPP-Household is defined as the household of the household reference person (respondent) and may include related and non-related persons. Family refers to a group of two or more people related by birth, marriage, or adoption who reside together.
NLSY-Household refers to all individuals sharing the respondent's primary residence at the time of the interview. A family includes all those in the household related by blood marriage or adoption.

³ **FACES**-Race refers to that of the Head Start child
PSID-Race refers to the Head of Household
SIPP-Race refers to the race of the child
NLSY-Race refers to the race of the mother

⁴ **FACES**-The Primary Caregiver is defined as the person most responsible for the daily care of the Head Start child. 88% of the respondents were the mother.
PSID-Refers to the Head of Household
SIPP-The Primary Caregiver is defined as the designated parent or guardian of the child (as reported by the SIPP respondent).
NLSY-Primary Caregiver refers to the respondent. The NLSY CHILDREN sample includes children born to female NLSY79 respondents. These women were between 14 and 21 years of age on January 1, 1979, and consequently, were between the ages of 31 and 38 during the 1996 survey.

⁵ **FACES**-Education was defined as the highest grade or degree completed.
PSID-Refers to Head of Household
SIPP & NLSY -Education was defined as the highest grade completed. Thus, if a person completed 12(th) grade, it was assumed that the person graduated high school. Anyone reporting more than 12 years was placed into some college.

⁶ **FACES**-Employment Status: Employed indicates those who were currently employed. Part-time employment is working less than 30 hours per week. Unemployed refers to those who were currently unemployed but were available and looking for work. Not in Labor Force refers to those who were currently unemployed and not looking for work.
PSID-Refers to Head of Household
SIPP-Employment Status: Employed indicates those who were employed or self-employed during the previous month. Part-time employment is working less than 30 hours per week. Unemployed refers to those who were not employed during the previous month but were available for and looking for work. Not in Labor Force refers to those

who were neither employed nor unemployed.

NLSY-Employment Status: Employed indicates those who were employed or self-employed during the previous week. Part-time employment is working less than 30 hours per week. Unemployed refers to those who were not employed during the previous week but were available for and looking for work. Not in Labor Force includes retired, disabled, and those not in the labor force for some other reason.

⁷ **FACES**-Based on whether currently working more than one job concurrently.

PSID-Based on whether ever worked more than two jobs concurrently in past year

SIPP-Based on whether the amount of wage and salary jobs worked during the reference month.

NLSY-Based on whether worked more than one job/business in the last week.

⁸ **FACES**-Based on the income of those living in the household.

SIPP-Total Family Annual income include income of related family members(see footnote 1) reported the 1995 calendar year.

NLSY-Total Family Annual income include income of related family members(see footnote 1) reported the 1995 calendar year. NLSY income includes amounts received for Food Stamps.

⁹ Frequencies for poverty level were calculated only using families with data on both family size and family income.

¹⁰ **FACES**-Based on the number of moves in the past 12 months.

PSID - One move means one or more moves in the past year.

¹¹ **FACES**-Refers to the person most responsible for the daily care of the Head Start child.

PSID - Refers to Head of Household.

¹² **FACES**-Insurance coverage of the Head Start child is defined as current health insurance coverage other than Medicaid. Medicaid coverage refers to the household.

PSID-Only reports on Medicaid.

SIPP-Insurance Coverage is defined as having health insurance coverage the previous month. Private includes private insurance, CHAMPUS, CHAMPVA, and military coverage. Medicaid indicates that the child was covered by Medicaid.

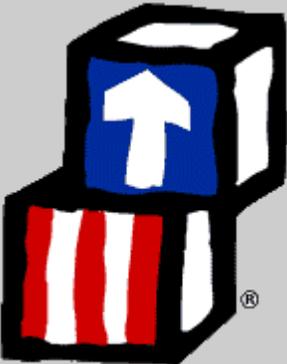
NLSY-Insurance Coverage is defined as having health insurance coverage at the time of the interview . Private includes health insurance provided wither by an employer or by an individual plan. Medicaid indicates that the child was covered by Medicaid at the time of the interview.

¹³ **SIPP**-Child care arrangements include data on the primary child care arrangement (if there were multiple arrangements) used for 10 hours or more per week.

Appendix D: Moderator Guides

Administrative Staff

**A Feasibility Study of Head Start
Recruitment and Enrollment**



Administrative Staff Focus Group

Site _____

October 1999

A Feasibility Study of Head Start Recruitment and Enrollment Procedures Administrative Focus Group

ADMINISTRATIVE STAFF FOCUS GROUP MODERATOR'S GUIDE

1. *Introduction* (5 Minutes)

Hello. Thank you all for coming today.

My name is _____ and I will be the moderator for the session today. I work for a company called (Abt Associates/The CDM Group), a research firm located in (Cambridge, MA/Chevy Chase, MD). I would also like to introduce _____ who is (also from/from) (Abt Associates/The CDM Group). He/she will be taking some notes and helping me during the session today.

Purpose of the Group

As you know, the purpose of this session is for us to talk about recruitment and enrollment at Head Start.

Role of the Moderator

My role as moderator will be to direct the flow of the discussion and keep us on track. I need to make sure we get through all the topics in the next hour and a half. In order to do so and to make sure everyone has a chance to contribute to the discussion, I have a few guidelines for the session.

Guidelines for the Session

Confidentiality. Anything that is said in this discussion will be strictly confidential. Nobody's name will be associated with any opinions included in the report. So, please feel free to express your opinions.

Frank opinions on the topics under discussion. We asked you to come today because what you have to say is important. We want to know exactly how you feel on the topics under discussion. It's important that I hear from each of you. Some of you may not feel comfortable talking at first. If I notice that as the discussion progresses, I'm not hearing from all of you, or that I'm hearing from some of you a lot, I may call on someone directly.

You may comment on the opinion of others. We do not expect that everyone here will agree or disagree on a given issue or point of view. We ask, however, that you respect each other's opinions. You may tell us that you disagree with what _____ said, and proceed to tell us what you think on that given topic. Just always do so in a respectful manner. Remember, there are no right or wrong answers.

Audio taping. This session is being tape recorded so that we will have an accurate record of what was said and so that it will be easier for us to write our report. I want to assure you again, that you will never be mentioned by name.

Speak loudly enough to be heard by everyone. It is important that everyone hears what you have to say and for us it is especially important that the tape recorders pick up what you say. So please speak loudly and clearly.

Talking over each other. When the discussion starts to get exciting, you may want to say what you are thinking without waiting for someone else to finish. That is exactly when we want to ensure that we hear everyone. So, I'm asking that you talk one-at-a time, and avoid side conversations so I don't miss any of what you are saying.

[OPTIONAL]

Hand Gestures. *In order to ensure the discussion follows these guidelines, I have found some hand gestures work pretty well. I am not being rude, but trying to communicate to you without speaking. By using them, it allows me to guide the discussion more efficiently without getting my voice on the tape more than necessary. The first is (palm up and raising the hand up and down) indicates you are not speaking loudly enough so please speak up. Second (pointing at a participant) means I am recognizing you and it is your turn to speak. Third (fingers up as if to say stop) means I want you to hold that thought for a moment while another person finishes what they are saying. Finally, (holding palms parallel to the floor and fingers from the left hand about an inch above the fingers of the right hand, moving hands back and forth in opposite lateral direction) this indicates people are talking over each other and someone should back up and hold their point so it does not get lost. The tape cannot separate overlapping speech and we don't want to miss your point.*

Are there any questions so far?

Style. It is important to me that you are comfortable here today. If you feel uncomfortably warm or cold, or anything else, please let me know and we will try to address that.

[Optional]

Feel free to move around the room to stretch if you need to. You can get up to get a beverage or leave to go to the rest room at any time.

For everyone's comfort and safety, we are asking you not to smoke during the session.

Warm-up Exercise (5 minutes)

I'd like to start by having us get to know a little bit about each other. Could you please briefly tell us: [Go around the table -begin with notetaker]

- Your first name;
- Your current position at Head Start;
- The number of years you have been affiliated with Head Start and in what capacity(s);
- A favorite thing you like to do outside of work.

1.0 THE CHILD EDUCATION AND CARE ENVIRONMENT

(5 minutes)

I'd like to start by asking you to give me some impressions of Head Start.

1.2 When you think about what Head Start can do for families, what words or impressions come to mind?
[Optional - record on easel]

2.0. RECRUITMENT

(25 Minutes)

I would like to begin the discussion by hearing a little bit about your program's recruitment guidelines or policy.

- 2.1 If you were asked to describe your most successful recruitment staff person to Head Start administrators, what would you tell them?
- 2.1a → What is it about this person that makes him/her successful?
- 2.2. Who does the recruitment for your program?
- 2.2a → Is recruitment done program-wide or at the center-level? **[if center-level]**
- 2.2a(1) → Are some centers more successful than others in reaching eligible families? Why?
- 2.3 Do you consider a family's cultural background in your assignment of recruitment staff? If so, how?

[Pass out maps]. I am passing out maps of your geographical service area.

- 2.4 Looking at the map, are there some sections of your geographical service area from where you recruit or find most of your families, and if so, why?

- 2.5 Are there sections within your geographical service area that are particularly hard to recruit families from, and if so, why?
- 2.6 Is the personal safety of your staff a consideration in your recruitment?
 - 2.6a → What do you do to assure safety of your recruitment staff?
- 2.7 Do you find that you are recruiting in the same areas as other Head Start Programs?
 - 2.7a → If so, how do you manage that?
- 2.8 What other preschool or child care options are available for children whose parents can't get them into Head Start or who choose not to enroll their children in Head Start?

[Please check if mentioned]

- 2.8a → Family Day Care _____
- 2.8b → Day Care Centers _____
- 2.8c → Nurseries _____
- 2.8d → Child Development Centers _____
- 2.8e → Public Preschool _____
- 2.8f → Cared for by own family members _____
- 2.8g → Other _____

- 2.9 What formal or informal arrangements does your program have with other community agencies to assist you in identifying or recruiting families?
 - 2.9a → How helpful are other agencies to you in locating families for Head Start?
- 2.10 What factors other than income and age does your program consider in making enrollment decisions?
- 2.11 Are any of these other factors more important than others, and if so, how are they prioritized?
- 2.12 How are these factors assessed?
 - 2.12a → Who does the assessment?
- 2.13 Who makes the final enrollment decision?
- 2.14 What would help make your program's recruitment and screening efforts more successful?

3.0. WAITING LISTS

(20 Minutes)

Next I would like to talk about your program's policy on waiting lists.

- 3.1 What is your definition of a waiting list?
 - 3.1a → At what point is the list created?
 - 3.1b → Who is on the list?
 - 3.1c → Have all the families on the list already been determined to be eligible?
 - 3.1d → What information do you have about waiting list families, prior to their enrollment?

- 3.1e → Are the families on the list ranked or ordered in anyway?
- 3.2 Is there one program-wide waiting list or does each center have its own list?
[If program-wide]
- 3.2a → How does that work?

[For both program-wide and center-specific]

- 3.2b → (Is the list/are the lists) computerized?
- 3.3 How often is the list updated or verified?
- 3.3a → Do you continue to add families to the list throughout the year? How is this done?
- 3.3b → Do you call families during the year to verify interest, even when a slot is not open?

Now, I would like to find out about waiting lists over a period of time. You may have to think about last year to answer some of these questions.

- 3.4 About how many total children were enrolled in your program at the beginning of the school year?
- 3.5 About how large was your waiting list at the beginning of the school year?
- 3.6 How many slots open up over the program year?
- 3.7 How many of these families actually move from the waiting list to the program?
- 3.8 Were there families from the waiting list that you offered a spot that chose not to enroll? If yes, what were some of the reasons?

4.0 RETENTION

(15 Minutes)

Now I would like to talk about issues of retention.

- 4.1 Think of a typical family that dropped out of Head Start, what characteristics did they have?
 - 4.1a → How were they different from families that remained?
 - 4.1b → Why do you think families drop out of Head Start?
- 4.2 When a child begins to have many absences from school, what guidelines do staff follow?
- 4.3 How does your program deal with drop outs?
 - 4.3a → How do you define a "drop-out?"
 - 4.3b → What efforts are made to contact a family to find out why they have decided to drop out?
 - 4.3c → What efforts are made to re-enroll children?
- 4.4 Describe a successful strategy you have used to retain families that have shown a risk for or intention to drop out?

5.0 USE OF HEAD START T & TA

(5 minutes)

- 5.1 How helpful has Head Start training and technical assistance been to your recruitment and retention efforts?
 - 5.1a → What other sources of T & TA have you used?
 - 5.1b → What formal training does your recruitment staff have?
 - 5.1c → What kind of additional training would you like Head Start to offer?

6.0. PERCEPTION OF HEAD START

(5 Minutes)

I would like to finish the discussion by talking about how Head Start is perceived by parents who live in this community.

- 6.1 If a parent of a preschool child who lives in this community was asked about Head Start, what do you think he or she would say?
 - 6.1a → (Is the list/are the lists) computerized?
- 6.2 Where and how do parents in the community learn about Head Start?

7.0 WRAP-UP

(5 minutes)

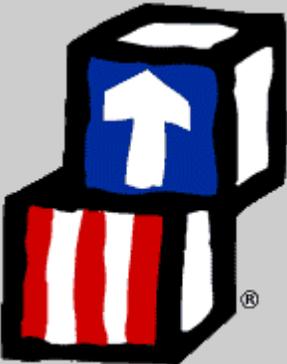
- 7.1 What other comments or observations would you like to add about recruitment, enrollment or retention of families into your Head Start program?

Those are all of the questions I have for this session. You have been very helpful. Thank you very much for coming and helping us on this project.

Appendix D: Moderator Guides

Field Staff

A Feasibility Study of Head Start
Recruitment and Enrollment



Field Staff Focus Group

Site _____

October 1999

1. **Introduction** (5 Minutes)

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Warm-up Exercise (5 minutes)

I'd like to start by having us get to know a little bit about each other. Could you please briefly tell me: **[Go around the table -begin with notetaker]**

- Your first name;
- Your current position at Head Start;
- The number of years you have been affiliated with Head Start and in what capacity(s);
- A favorite thing you like to do outside of work.

1.0 THE CHILD EDUCATION AND CARE ENVIRONMENT (5 minutes)

I'd like to start by asking you to give me some impressions of Head Start.

1.2 When you think about what Head Start can do for families, what words or impressions come to mind?
[Optional - record on easel]

2.0. RECRUITMENT

(20 Minutes)

I would like to begin the discussion by hearing a little bit about your recruitment of prospective families.

2.1 Think about a typical family you have successfully recruited, what characteristics did they have?

[Pass out maps] We are passing out maps of your targeted geographical service area.

2.2 Looking at the map, are there some sections of your geographical service area from where you recruit or find most of your families. If so, why?

2.3 Are there sections that are particularly hard to recruit families from. If so, why?

2.4 What personal safety considerations do you have during your recruitment activities?

2.4a → Are there particular areas that you have to avoid?

2.4b → What do you do to assure your safety?

2.4c → Are there areas you want to recruit from but are not allowed?

2.5 Do you find that you are recruiting in the same areas as other Head Start programs?

2.5a → If so, how do you manage that?

2.6 How do you identify and locate families?

2.6a → What strategies do you use?

2.6b → Do other agencies provide you with a list of potential families?

2.7 In addition to going to homes, from what other places do you recruit?

"[Please check if mentioned]"

2.7a → institutional settings like drug or alcohol facilities _____

2.7b → shelters _____

- 2.7c → free meals programs _____
- 2.7d → WIC/Food Stamp offices _____
- 2.7e → clothing cupboards / food banks _____
- 2.7f → parenting programs _____
- 2.7g → welfare offices _____
- 2.7h → schools _____
- 2.7i → child care resource/referral agencies _____
- 2.7j → health care facilities _____

- 2.8 What arrangements do you have with other community agencies to assist you in identifying or recruiting families?
2.8a → How helpful are other agencies to you in locating families for Head Start?
- 2.9 How do you contact a family?
2.9a → What is that initial contact usually like?
- 2.10 Are there any circumstances when you have had to make exceptions to the program policies on outreach and recruitment?
2.10a → If yes, can you give me an example?
- 2.11 In trying to recruit families, how do you decide on which families to spend the most time and effort?
- 2.12 How useful has Head Start training been in helping you with outreach?
2.12a → Would you give me an example?
2.12b → What other training would you like?
- 2.13 What changes could your Head Start program make to improve your recruitment efforts?

3.0. ENROLLMENT

(15 Minutes)

Now I would like to talk about enrolling families into Head Start.

- 3.1 Think of a typical family you have recruited that did not enroll, what characteristics did the family have?
3.1a → How were they different from families that enrolled?
- 3.2 Why do you think parents decide to enroll their child in Head Start?
- 3.3 Why do you think parents decide not to enroll their child in Head Start?
- 3.4 What other preschool or child care options are available for children whose parents do not enroll them in Head Start?

[Please check if mentioned]

- 3.4a → Family Day Care _____
- 3.4b → Day Care Centers _____
- 3.4c → Nurseries _____
- 3.4d → Child Development Centers _____
- 3.4e → Public Preschool _____
- 3.4f → Cared for by own family members _____
- 3.4g → Other _____

- 3.5 In your program, are the selection factors used for enrolling families to Head Start the same for all centers or do they differ by center?

[If program-wide]

- 3.5a → What factors other than income and age do you consider when enrolling families to Head Start?
- 3.5b → Are any of these other factors more important than others?

[If center-specific]

- 3.5c → I would like to go around the table and ask each of you to tell me what factors other than income and age do you consider when enrolling families to Head Start?
- 3.5d → Are any of these other factors more important than others?
- 3.6 Are there families that you are afraid might not stay in Head Start?
 - 3.6a → How does that influence what you do with the family?
 - 3.6b → Does that influence your decision to enroll them?
- 3.7 Are there any circumstances when you have had to make exceptions to program policies regarding enrollment? If so, could you give me an example?

4.0 WAITING LISTS

(15 minutes)

Next I would like to talk about your program's waiting lists.

- 4.1 What is your definition of a waiting list?
 - 4.1a → At what point is the list created?
 - 4.1b → Who is on the list?
 - 4.1c → Have all the families on the list already been determined to be eligible?
 - 4.1d → What information do you have about waiting list families, prior to enrollment?
 - 4.1e → Are the families on the waiting list ranked or ordered in any way?
- 4.2 Is there one program-wide waiting list or does each center have its own list?
 - 4.1a → (Is it/are they) computerized?
- 4.3 How often is the list updated or verified?
 - 4.3a → Do you continue to add families to the list throughout the year? How is this done?
 - 4.3b → Do you call families during the year to verify interest, even when a slot is not open?

Now, I would like to find out about waiting lists over a period of time. You may have to think about last year to answer some of these questions.

- 4.4 About how many total children were enrolled in your program at the beginning of the school year?
- 4.5 About how large was your waiting list at the beginning of the school year?
- 4.6 How many slots open up over the program year?
- 4.7 How many of these families actually move from the waiting list to the program?
- 4.8 Were there families from the waiting list that you offered a spot that chose not to enroll? If yes, what were some of the reasons?

5.0 RETENTION

(10 Minutes)

Now I would like to talk about issues of retention and drop out.

- 5.1 Think about a typical family that dropped out of Head Start, what characteristics did they have?
 - 5.1a → How were they different from families that remained?
 - 5.1b → Why do families drop out of Head Start?
- 5.2 What do you do when a child begins to have many absences from school?
- 5.3 How do families let you know when they are going to drop out?
 - 5.3a → Do they call you or do you find out when they fail to show-up repeatedly?

- 5.3b → How do you officially determine that a family has dropped?
- 5.4 Describe a successful strategy you have used to convince a family to stay.
- 5.5 What changes could your Head Start program make to improve retention?

6.0 PERCEPTION OF HEAD START

(5 Minutes)

I would like to finish the discussion by talking about how Head Start is perceived by parents who live in the community.

- 6.1 If a parent of a preschool child who lives in this community was asked about Head Start, what do you think he or she would say?
 - 6.1a → What is his/her opinion of Head Start?
- 6.2 Where and how do parents in this community learn about Head Start?

7.0 WRAP-UP

(5 minutes)

I would like to finish the discussion by talking about how Head Start is perceived by parents who live in the community.

- 7.1 What other comments or observations would you like to add about recruitment, enrollment, or retention of families into your Head Start program?

Those are all of the questions I have for this session. You have been very helpful. Thank you very much for coming and helping us on this project.

Appendix D: Moderator Guides

Parent Staff

**A Feasibility Study of Head Start
Recruitment and Enrollment**



Parent Focus Group

Site _____

October 1999

*A Feasibility Study of Head Start Recruitment and Enrollment
Procedures*

Parent Focus Group

A Feasibility Study of Head Start Recruitment and Enrollment Procedures

PARENT STAFF FOCUS GROUP MODERATOR'S GUIDE

1. Introduction (5 Minutes)

Hello. Thank you all for coming today.

My name is _____ and I will be the moderator for the session today. I work for a company called (Abt Associates/The CDM Group), a research firm located in (Cambridge, MA/Chevy Chase, MD). I would also like to introduce _____ who is (also from/from) (Abt Associates/The CDM Group). He/she will be taking some notes and helping me during the session today.

Purpose of the Group

As you know, the purpose of this session is for us to talk about recruitment and enrollment at Head Start.

Role of the Moderator

My role as moderator will be to direct the flow of the discussion and keep us on track. I need to make sure we get through all the topics in the next hour and a half. In order to do so and to make sure everyone has a chance to contribute to the discussion, I have a few guidelines for the session.

Guidelines for the Session

Confidentiality. Anything that is said in this discussion will be strictly confidential. Nobody's name will be associated with any opinions included in the report. So, please feel free to express your opinions.

Frank opinions on the topics under discussion. We asked you to come today because what you have to say is important. We want to know exactly how you feel on the topics under discussion. It's important that I hear from each of you. Some of you may not feel comfortable talking at first. If I notice that as the discussion progresses, I'm not hearing from all of you, or that I'm hearing from some of you a lot, I may call on someone directly.

You may comment on the opinion of others. We do not expect that everyone here will agree or disagree on a given issue or point of view. We ask, however, that you respect each other's opinions. You may tell us that you disagree with what _____ said, and proceed to tell us what you think on that given topic. Just always do so in a respectful manner. Remember, there are no right or wrong answers.

Audio taping. This session is being tape recorded so that we will have an accurate record of what was said and so that it will be easier for us to write our report. I want to assure you again, that you will never be mentioned by name.

Speak loudly enough to be heard by everyone. It is important that everyone hears what you have to say and for us it is especially important that the tape recorders pick up what you say. So please speak loudly and clearly.

Talking over each other. When the discussion starts to get exciting, you may want to say what you are thinking without waiting for someone else to finish. That is exactly when we want to ensure that we hear everyone. So, I'm asking that you talk one-at-a time, and avoid side conversations so I don't miss any of what you are saying.

[OPTIONAL]

Hand Gestures. *In order to ensure the discussion follows these guidelines, I have found some hand gestures work pretty well. I am not being rude, but trying to communicate to you without speaking. By using them, it allows me to guide the discussion more efficiently without getting my voice on the tape more than necessary. The first is (palm up and raising the hand up and down) indicates you are not speaking loudly enough so please speak up. Second (pointing at a participant) means I am recognizing you and it is your turn to speak. Third (fingers up as if to say stop) means I want you to hold that thought for a moment while another person finishes what they are saying. Finally, (holding palms parallel to the floor and fingers from the left hand about an inch above the fingers of the right hand, moving hands back and forth in opposite lateral direction) this indicates people are talking over each other and someone should back up and hold their point so it does not get lost. The tape cannot separate overlapping speech and we don't want to miss your point.*

Are there any questions so far?

Style. It is important to me that you are comfortable here today. If you feel uncomfortably warm or cold, or anything else, please let me know and we will try to address that.

[OPTIONAL]. *Feel free to move around the room to stretch if you need to. You can get up to get a beverage or leave to go to the rest room at any time.*

For everyone's comfort and safety, we are asking you not to smoke during the session.

Warm-up Exercise (5 minutes)

I'd like to start by having us get to know a little bit about each other. Could you please briefly tell us: **[Go around the table]**

- Your first name;
- Where you live; and
- Your child's favorite thing to do.

1.0 THE CHILD EDUCATION AND CARE ENVIRONMENT

(5 minutes)

Let's begin our discussion this evening by talking about preschool and child care choices available to parents with young children. Each of you have a four or five-year old child. Think about a place where you would like this child to spend the day.

- 1.1 Please tell me what the place would be like by describing it in a few words. For example, "It would be a place where . . .
[*Note on easel* - **OPTIONAL**]

2.0 PERCEPTIONS OF HEAD START

- (15 minutes)

Now, let's talk about Head Start.

- 2.1 What do you know about Head Start?
2.1a → Describe Head Start for me.
2.1b → What happens at Head Start?
- 2.2 What does Head Start do for children?
2.2a → How does Head Start benefit children?
- 2.3 What does Head Start do for families?
2.3a → How does Head Start benefit families?
- 2.4 What does Head Start do for the community?
2.4a → How does Head Start benefit the community?
- 2.5 How did you learn about Head Start?

3.0. PRESCHOOL/CHILD CARE SERVICES IN COMMUNITY - (15 Minutes)

Now let's talk about other preschool or child care services available in your community.

3.1 What are some of the other choices parents have for preschool or child care in your community?

[Please check if mentioned]

- 3.1a → Family Day Care _____
- 3.1b → Day Care Centers _____
- 3.1c → Nurseries _____
- 3.1d → Child Development Centers _____
- 3.1e → Public Preschool _____
- 3.1f → Cared for by own family members _____
- 3.1g → Other _____

3.2 I'd like to ask each of you to tell me a little about your current arrangement(s) for child care and/or preschool? **[Go around the table]**

3.2a → How satisfied are you with it? Why?

3.3 Thinking now about preschool and child care services available for children in this community, how do these other programs compare to Head Start?

3.3a → What do they offer that differs from Head Start?

[Please check if mentioned]

- 3.3a(1) → Affordable _____
- 3.3a(2) → Convenient to home _____
- 3.3a(3) → Quality _____
- 3.3a(4) → Hours _____
- 3.3a(5) → Services you cannot get at Head Start _____
- 3.3a(6) → All my children can attend _____
- 3.3a(7) → More like school _____
- 3.3a(8) → Transportation _____
- 3.3a(9) → Other _____

4.0. NON-ENROLLMENT DECISIONS

- (20 Minutes)

Next, I would like to talk about why families decide to send their child to Head Start. Some of you have a child who attended Head Start for a short time; some have a child who never attended Head Start. For the next couple of questions, I would like to talk with those of you with a child that never attended Head Start. **[Ask for a show of hands]**

4.1 What are some of the other choices parents have for preschool or child care in your community?

[Please check if mentioned]

- 4.1a → issues of welfare requirements _____
- 4.1b → work schedule _____
- 4.1c → changes in income (over income) _____
- 4.1d → school _____
- 4.1e → training _____
- 4.1f → transportation _____

- 4.1g → changes in your household _____
- 4.1h → change in child care arrangements _____
- 4.1i → health _____
- 4.1j → housing changes _____
- 4.1k → dissatisfaction with the Head Start program _____
- 4.1l → a more convenient or appropriate program _____
- 4.1m → child not ready to be in school _____
- 4.1n → child not ready to be in school _____
- 4.1o → Other _____

4.2 What were your other choices?

4.3 Did you talk to anyone at Head Start about your decision not to attend?

4.3a → Did they call you or did you call them?

4.3b → How did Head Start respond when they learned you decided not to attend?

4.4 What could Head Start have done that might have changed your decision not to attend Head Start?

4.4a → What, why, and when?

5.0 THE EXPERIENCE OF LEAVING HEAD START

- (20 Minutes)

Now, let's talk a little bit about why families begin Head Start, but then decide to leave. For the next couple of questions, I would like to talk with those of you have a child who attended Head Start for a short time, but did not continue. **[Ask for show of hands]**

5.1 What made you decide to leave Head Start? **[Please check if mentioned]**

- 5.1a → issues of welfare requirements _____
- 5.1b → work schedule _____
- 5.1c → changes in income (over income) _____
- 5.1d → school _____
- 5.1e → training _____
- 5.1f → transportation _____
- 5.1g → changes in your household _____
- 5.1h → change in child care arrangements _____
- 5.1i → health _____
- 5.1j → housing changes _____
- 5.1k → dissatisfaction with the Head Start program _____
- 5.1l → a more convenient or appropriate program _____
- 5.1m → child not ready to be in school _____
- 5.1n → Other _____

5.2 Did you talk to anyone at Head Start about your decision to leave?

5.2a → Did they call you or did you call them?

5.2b → How did Head Start respond when they learned that you decided to leave?

5.3 What could Head Start have done that might have changed your decision not to leave?

5.3a → What, why, and when?

6.0. WRAP-UP

(5 minutes)

6.1 What other comments or observations would you like to add about Head Start?

Those are all of the questions I have for this session. You have been very helpful. Thank you very much for coming and helping us with this project.

Appendix E: Data Display

Q 5.1 How helpful has Head Start training and technical assistance been to your recruitment and retention efforts?
What sources of T & TA have you used?

Responses	01	02	04	09/11	15	20	30	31	38/39	Total
Not Very Helpful-Administrators										0
Somewhat Helpful-Administrators						✓				1
Very Helpful-Administrators							✓	✓		2
Not Very Helpful-Field Staff				✓						1
Somewhat Helpful-Field Staff			✓			✓				2
Very Helpful-Field Staff										0
Training Guides/Social Service Manuals		✓							✓	2
Internal Strategizing/Regular Meetings	✓				✓				✓	3
Mentoring/Shadowing			✓			✓				2
Outside Resource								✓		1
Attendance at National Conferences			✓							1
Training/Guidance from Parents			✓							1
Resources to Publicize the Program				✓			✓			2
Home Visit Training					✓					1
Family/Community Partnerships	✓									1
Enrollment Procedures										1
Training Not Needed								✓		1
Uniqueness of Community Limits the Value of Formal Training		✓	✓							3
Personality More Important than Training										1

Summative Quotes:

Mentoring/Shadowing: *□ I think one of the things that was the best for me was we were able to actually go out with someone who had done recruitment, and shadow... that was very, very helpful. And that is one thing that I like about our program, is that we do shadowing and modeling. □ (20/p.13)*

Summative Quotes:

Uniqueness of Community Limits the Value of Formal Training: *"Because things are so unique in the different communities, that I'm not sure that what works in one area would work here." (04/p.11)*

Personality More Important than Training: *□ Now, for me, training is fine and it gives you a format, but when you get out there working with families, you can't use a book with families □... □ it's not all about books or training □... □ You've got to know how to deal with people. □ (30/p.18)*

Appendix F: Record Review Data Collection Form

Record Review Form

Program ID: _____ Center ID: _____ Date: ___ / ___ / ___

Program Name _____ Center Name _____

Group: _____ (3=enrolled, 2=enrolled and attended, but left; 1=enrolled but never attended)

Instruction: Use the "0" code when information is missing or when the answer to the question is not available from the information in the child's file. A "no" code ("1") is used to indicate an actual "no" answer in the file, and not to indicate where specific information is not available in the file.

Child Information

Child Birthdate: ___ / ___ (Month/year; fill in 00/00 if not available)

Child gender _____ (1=female; 2=male; 0=not available)

Child ethnicity _____ (0=not available; 1=Asian/Pacific Islander; 2=Black/African American, non-Hispanic; 3=White, non-Hispanic; 4=Hispanic; 5=Native American/Alaskan Native; 6=Other)

Is there a record of the child having a: (2=yes; 1=no; 0=not available)

Health Exam _____ Dental Exam _____ Disability _____
(Do not use immunization record as indication of a health exam) (May be by parent report)

Has the child/family been assigned an enrollment priority score? _____ (2=yes; 1=no; 0=not available)

Which of the following risk factors does this child or family have? (2=yes; 1=no; 0=not available)

- | | |
|------------------------------------------|-------------------------|
| _____ Single parent | _____ Four year old |
| _____ Age of parent/caregiver | _____ Three year old |
| _____ (Teen parent at birth / >55 years) | _____ Child disability |
| _____ Size of family/Number of siblings | _____ Parent disability |

- | | |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| _____ Foster child / Foster care | _____ Child health problem |
| _____ Non-related primary caregiver | _____ Parent health problem |
| _____ Sibling previously enrolled | _____ Low developmental screening
<i>(Only if actual test score is noted, not based on parent report)</i> |
| _____ Non-English speaking family | _____ Homeless family |
| _____ Parent in training/education program | _____ Poor housing conditions |
| _____ Parent(s) did not graduate high school | _____ Child abuse/neglect |
| _____ Unemployed parents (<i>both</i>) | _____ Domestic violence |
| _____ Low-income family with no health insurance or public assistance* (<i>need hit on all three parts</i>) | _____ Referral from child welfare or family services agency |
| _____ Family receives AFDC | _____ Family substance abuse |
| _____ Family receives TANF | _____ Incarcerated parent |
| _____ Family income is lower than 50% of the poverty level* | _____ Recent death in family, divorce or separation / family in crisis |

****Needs to be specifically noted this way in the file; otherwise code as '0'***

Family Information

Date of recruitment or application: ___ ___ / ___ ___ / ___ ___ (*fill in 00/00/00 if not available*)

Number of individuals living with the Head Start child: ___ ___ (*Not including child; 00=not available*)

If this number is available, how does the Head Start record indicate the source?

_____ (*1= number in the family; 2=number in the household; 0=source not noted*)

Number of children living with the Head Start child: ___ ___ (*Not including child; 99=not available*) (**Note change for 'not available' code**)

Is the mother present in the household? _____ (*2=yes; 1=no; 0=not available*)

If 'yes': Mother birthdate: ___ ___ / ___ ___ (*Month/year; fill in 00/00 if not available*)

OR

Mother age (if listed) ___ ___ (*00=not available*)

Mother employed _____ (*2=yes; 1=no; 0=not available*)

Is the father present in the household? _____ (*2=yes; 1=no; 0=not available*)

If 'yes': Father birthdate: ___ ___ / ___ ___ (Month/year; fill in 00/00 if not available)

OR

Father age (if listed) ___ ___ (00=not available)

Father employed _____ (2=yes; 1=no; 0=not available)

Note: Above information may be used for child's caregiver, note relationship below).

Is anyone, different from a parent, listed as a primary caregiver for the child? _____ (2=yes; 1=no; 0=not available)

If yes, what is the relationship of this person with the child? _____

00=not available	07=Great grandmother	13=Foster parent (female)
	08=Great grandfather	14=Foster parent (male)
03=Stepmother	09=Sister/Stepsister	15=Other non-relative (female)
04=Stepfather	10=Brother/Stepbrother	16=Other non-relative (male)
05=Grandmother	11=Other relative or in-law (female)	17=Parent's partner (female)
06=Grandfather	12=Other relative or in-law (male)	18=Parent's partner (male)

Is there any indication that English is not the primary language spoken in the home? _____
(2=yes English is the primary language; 1=no, English is not the primary language; 0=no information is recorded)

If English is not the primary language in the home, what language is recorded?

(0=not available; 1=French; 2=Spanish; 3=Cambodian (Khmer); 4=Chinese; 5=Haitian; 6=Hmong;
7=Japanese;
8=Korean; 9=Vietnamese; 10=Arabic; 11=other)

Recorded family income: \$ _____ (000 if not available; also write "No Income" if that is the case)

If this number is recorded, how does the Head Start record indicate the source:

(1=Reported monthly income; 2=Report annual income; 3=Previous Year Tax Return; 0=source not noted)

Does the family receive the following: (2=yes; 1=no; 0=not available)

Medicaid _____ Food Stamps _____ WIC _____ SSI _____

TANF/PA _____ Child support _____ Unemployment _____

Worker's Comp/Disability _____

Record Summary

Is the program's form/file complete? _____ (2=yes; 1=no)

Is the form kept on the computer? _____ (2=yes; 1=no)

Where is the form maintained? _____ (1=the program; 2=the center; 3=both)

Appendix G: Parent Interview

A Feasibility Study of Head Start Recruitment and Enrollment



Spring '00 Parent Interview

COVER SHEET

Respondent ID number: _____

Field Interviewer ID number: _____

Date of Interview
_____/_____/_____
month day year

Time of interview start: _____ : _____

transportation assistance, subsidized child care, or job training?

- No 01
- Yes 02

Go to 8

6. Is your 3-5 year old child a foster child or does he/she have a disability that has been diagnosed by a professional?

- No 01
- Yes 02

Go to 8

Head Start 1999 Income Guidelines	
Size of Family Unit	Income
1	\$8,240
2	11,060
3	13,880
4	16,700
5	19,520
6	22,340
7	25,160
8	27,980

For family units with more than 8 members, add \$2,820 for each additional member.

7. It is important for this study that we include households in a wide variety of economic situations. For 1999, was the total income for everyone in this household, before taxes, below (Amount from Table 1) or above (Amount from Table 1).

- Below or at 01
- Above 02

Go to 8
Terminate Interview

PHONE ELIGIBILITY SCREEN (Level 3)

8. Have you ever heard of the Head Start Program?

- No 01
- Yes 02

Go to Page 5

8a. How did you hear about the Head Start Program?

DO NOT READ LIST. CIRCLE ONE RESPONSE.

- Family/friend 01
- Referral from another agency 02
- Word of mouth 03
- Head Start came to visit at our home 04
- Previous children in Head Start 05

- Flyer/ mailing 06
- Saw Head Start in community 07
- Through older child's school 08
- Other (please specify) _____ 09

9. Have your children ever been enrolled in the Head Start Program?

- No 01
- Yes 02

Terminate interview

10. Have you ever completed an application or filled-out any papers so your child could attend Head Start?

- No 01
- Yes 02

Terminate interview

SCHEDULE INTERVIEW APPOINTMENT

We will be in your area from () and would like to interview you in person. We can come to your home or meet you at a public place such as a library or a McDonalds. The interview will take less than 45 minutes and you will be paid \$25 to cover any costs you might incur such as for babysitting or transportation. Once we schedule an appointment, I will mail you a letter with information about the study, a consent form to sign, and an invoice to complete so we may pay you after the interview is finished.

May I have please have your address?

(Street)

(Town/City) (State) (Zip Code)

And your name? _____

I will be available from (state availability). What day and time will be most convenient for us to interview you?

Appointment day and time: _____

Interview Location _____

Thank you very much. We really appreciate your help with this important study. I look forward to meeting you next week.

INTRODUCTION

Thank you for agreeing to talk with me. As I explained on the phone, the purpose of this study is to learn more about preschool education and child care options for families with preschool age children. We know that sometimes families with young children face many challenges. We want to learn about these from a parent's point of view.

Information from this study will be used to help develop better services for children and their families.

I will ask you questions and write down your answers. You may stop me at any time, and you may go back to earlier questions to change your answers. No one will ever know your answers because your name will never be attached. Your participation is completely voluntary. If you choose not to complete this interview, it will not affect you or your child in anyway. The things you do tell me are very important, so please be as accurate as possible. Occasionally, I may have to ask a question that does not apply to you. If that happens, just tell me and I will move on the next question. Our interview should take approximately 45 minutes. At the end of the interview, I will give you your money and some addresses as well as some phone numbers in case you would like more information about the study or this interview. Do you have any questions?

A1. What is the first name of your 3 to 5 year old child? _____

A2. Are you the person most responsible for CHILD's care?

- No 01
- Yes 02

A3. Who is most responsible for CHILD's care?

Name: _____

Address: _____

Phone: _____

**TERMINATE INTERVIEW.
Reschedule time with correct respondent**

A4. What is your relationship to CHILD?

DO NOT READ LIST. CIRCLE ONE RESPONSE.

MotherIs that birth or adopted?

birth 01 **SKIP TO A6**

adopted 02 **SKIP TO A6**

Father.....Is that birth or adopted?

birth 03 **SKIP TO A6**

adopted 04 **SKIP TO A6**

Stepmother 05 **SKIP TO A6**

Stepfather 06 **SKIP TO A6**

Grandmother	07
Grandfather	08
Great Grandmother	09
Great Grandfather	10
Sister/step sister	11
Brother/stepbrother	12
Other Relative or In-law (Female)	13
Other Relative or In-law (Male)	14
Foster Parent (Female)	15
Foster Parent (Male)	16
Other Non-relative (Female)	17
Other Non-relative (Male)	18
Parent's Partner (Female)	19
Parent's Partner (Male)	20
Don't Know/ Didn't Respond	99

A5. Are you CHILD's legal guardian?

- | | |
|-----|----|
| No | 01 |
| Yes | 02 |

A6. Is CHILD a boy or a girl?

- | | |
|------|----|
| Boy | 01 |
| Girl | 02 |

A7. What is CHILD'S birth date?

____ / ____ / ____
 Month Day Year

B. ACTIVITIES WITH YOUR CHILD

Now I have some questions about you and CHILD at home.

B1. How many times have you or someone in your family *read* to CHILD in the past *week*?
 Would you say...

READ LIST. CIRCLE ONE RESPONSE.

- | | |
|---------------------|----|
| Not at all | 01 |
| Once or twice | 02 |
| Three or more times | 03 |
| Every day | 04 |

SKIP TO B2

B1a. Who read to CHILD in the past week?

DO NOT READ LIST. CIRCLE ALL THAT APPLY.

Mother/Mother-figure 01
 Father/Father-figure 02
 Other household member 03
 Non-household member 04

B3. *In the past week*, have you or someone in your family done the following things with CHILD? (READ LIST BELOW)

B4. **IF YES:** How many times have you done this in the past week? Would you say one or two times, or three or more?

B5. AFTER COMPLETING ALL OF B3 AND B4(a-k), ASK THE FOLLOWING FOR EACH ACTIVITY CODED "YES" IN B3: Who (Read Item)?									
B3. In the past week, have you or someone in your family ...			B4		B5				
			How many times?		Who (READ ITEM)? DO NOT READ CHOICES. CIRCLE ALL THAT APPLY.				
			1-2	3+	Mother/ Mother Figure	Father/ Father figure	Other Household Member	Non- Household Member	
	NO	YES							
a. Told (him/her) a story?	01	02	1-2	3+	01	02	03	04	
b. Taught (him/her) letters, words, or numbers?	01	02	1-2	3+	01	02	03	04	
c. Taught (him/her) songs or music?	01	02	1-2	3+	01	02	03	04	
d. Worked on arts and crafts with (him/her)?	01	02	1-2	3+	01	02	03	04	
e. Played with toys or games indoors?	01	02	1-2	3+	01	02	03	04	
f. Played a game, sport, or exercised together?	01	02	1-2	3+	01	02	03	04	
g. Took (him/her)	01	02	1-2	3+	01	02	03	04	

along while doing errands like going to the post office, the bank, or the store?								
h. Involved (him/her) in household chores like cooking, cleaning, setting the table, or caring for pets?	01	02	1-2	3+	01	02	03	04
i. Talked about what happened during (his/her) day?	01	02	1-2	3+	01	02	03	04
j. Talked about TV programs or videos?	01	02	1-2	3+	01	02	03	04
k. Played counting games like singing? songs with numbers or reading books with numbers	01	02	1-2	3+	01	02	03	04

B6. In the past month, that is since (MONTH)(DAY), has anyone in your family done the following things with CHILD?

B7. AFTER COMPLETING ALL OF B6(a-j), ASK THE FOLLOWING FOR EACH ACTIVITY CODED "YES": Who has (READ ITEM) with CHILD?						
B6. <i>In the past month, that is since (MONTH)(DAY), has anyone in your family done the following things with CHILD?</i>			B7. [ASK ONLY AFTER COMPLETING ALL OF B6] Who has (READ ITEM) with CHILD? [DO NOT READ CHOICES. CIRCLE ALL THAT APPLY. IF NOT MOTHER/ OR FATHER/, CLARIFY IF HOUSEHOLD OR NON-HOUSEHOLD MEMBER]			
			Mother/ Mother Figure	Father/ Father figure	Other Household Member	Non- Household Member
	NO	YES				
a. Visited a library?	01	02	01	02	03	04

b. Gone to a movie?	01	02	01	02	03	04
c. Gone to a play, concert, or other live show?	01	02	01	02	03	04
d. Gone to a mall?	01	02	01	02	03	04
e. Visited an art gallery, museum, or historical site?	01	02	01	02	03	04
f. Visited a playground, park, or gone on a picnic?	01	02	01	02	03	04
g. Visited a zoo or aquarium?	01	02	01	02	03	04
h. Talked with CHILD about (his/her) family history or ethnic heritage?	01	02	01	02	03	04
i. Attended an event sponsored by a community, ethnic, or religious group?	01	02	01	02	03	04
j. Attended an athletic or sporting event in which CHILD was not a player?	01	02	01	02	03	04

C. DISABILITIES

C1. Does CHILD have any special needs or disabilities--for example, physical, emotional, language, hearing, learning difficulty, or other special needs?

- No 01 **SKIP TO D1**
- Yes 02
- Don't Know 99 **SKIP TO D1**

C2. How would you describe CHILD's special need or needs? **PROBE:** Any others?

DO NOT READ LIST. CIRCLE ALL THAT APPLY.

- A specific learning disability 01
- Mental retardation 02
- A speech impairment 03
- A language impairment 04
- An emotional/behavioral disorder 05
- Deafness 06
- Another hearing impairment 07
- Blindness 08
- Another visual impairment 09
- An orthopedic impairment 10
- Another health impairment lasting six months or more 11
- Autism 12
- Traumatic brain injury 13
- Non-categorical/Developmental delay 14
- Other (Please specify) 15
- Don't Know 99

C3. Does CHILD receive services for (his/her) disability?

- No 01
- Yes 02

D. YOUR CHILD'S BEHAVIOR

D1. In general, thinking about CHILD now or over the past month, tell me how well the following statements describe CHILD'S *usual* behavior: For each one, tell me if it is very true or often true, sometimes or somewhat true, or not true.

READ LIST. CIRCLE ONE RESPONSE FOR EACH.			
	Very True or Often True	Somewhat or Sometimes True	Not True
a. Makes friends easily?	01	02	03
b. Enjoys learning?	01	02	03
c. Has temper tantrums or hot temper?	01	02	03
d. Can't concentrate, can't pay attention for long?	01	02	03
e. Is very restless, and fidgets a lot?	01	02	03

f. Likes to try new things?	01	02	03
g. Shows imagination in work and play?	01	02	03
h. Is unhappy, sad, or depressed?	01	02	03
i. Comforts or helps others?	01	02	03
j. Hits and fights with others?	01	02	03
k. Worries about things for a long time?	01	02	03
l. Accepts friends' ideas in sharing and playing?	01	02	03
m. Doesn't get along with other kids?	01	02	03
n. Wants to hear that he or she is doing okay?	01	02	03
o. Feels worthless or inferior?	01	02	03
p. Makes changes from one activity to another with difficulty?	01	02	03
q. Is nervous, high-strung, or tense?	01	02	03
r. Acts too young for (his/her) age?	01	02	03
s. Is disobedient at home?	01	02	03

E. HOUSEHOLD RULES

Now I'd like to ask you a few questions about rules and setting limits in the home

E1. In your house, are there rules or routines about. . .

READ LIST. CIRCLE ONE RESPONSE FOR EACH.			
	NO	YES	NA
a. What TV programs CHILD can watch?	01	02	03
b. How many hours CHILD can watch TV?	01	02	03
c. What kinds of food CHILD eats?	01	02	03
d. What time CHILD goes to bed?	01	02	03
e. What chores CHILD does?	01	02	03

E2. Sometimes children mind pretty well and sometimes they don't. Have you spanked CHILD in the past week for not minding?

No 01
Yes 02

SKIP TO E4

E3. About how many times in the past week?

___ ___ number of times

E4. Have you used time out or sent CHILD to (his/her) room in the past week for not minding?
 No 01 **SKIP TO F1**
 Yes 02

E5. About how many times in the past week? _____ number of times

F. YOU AND YOUR FAMILY

Now I'm going to ask you some questions about you and your family.

F1. What is your birth date? _____ / _____ / _____
 Month Day Year

F2. What is your current marital status?
 Single, never married 01
 Married 02
 Separated 03
 Divorced 04
 Widowed 05

F3. How old were you at the birth of your first child? _____ years old

F5. Please tell me the first name of everyone in your household. PROBE: Is there anyone else in your household?			
			IF OLDER THAN 15:
F5. First Name	F6. What is NAME's relationship to CHILD? (See codes below)	F7. How old is NAME?	F8. Is NAME employed? 01=No 02=Yes 90=NA 99=DK
a.(Respondent)			
b.			
c.			
d.			
e.			
f.			
g.			

h.			
i.			
j.			
k.			
l.			
m.			
RELATIONSHIP CODES: 01=Mother (biological) 02=Mother (adoptive) 03=Father (biological) 04=Father (adoptive) 05=Stepmother 06=Stepfather 07=Grandmother 08=Grandfather	09=Great grandmother 10=Great grandfather 11=Sister/Stepsister 12=Brother/Stepbrother 13=Other relative or in-law (female) 14=Other relative or in-law (male)	15=Foster parent (female) 16=Foster parent (male) 17=Other non-relative (female) 18=Other non-relative (male) 19=Parent's partner (female) 20=Parent's partner (male) 99=Don't know/Didn't Respond	

INTERVIEWER:	IF MOTHER IS RESPONDENT	SKIP TO F16
	IF MOTHER IS <i>NOT</i> RESPONDENT AND	
	NOT IN HOUSEHOLD	GO TO F9
	IN HOUSEHOLD	SKIP TO F14

F9. Does CHILD's mother live within an hour's ride of CHILD?

No	01	
Yes	02	
Mother is deceased	03	Ask F12 and F13, then Skip to F16
Don't Know	99	

F10. Does she contribute to the financial support of the child?

No	01
Yes	02
Don't Know	99

F11. How often does CHILD see (his/her) mother? Does (he/she) see her ...

READ LIST. CIRCLE ONE RESPONSE.

Rarely or never	01
Several times a year	02
Several times a month	03
Several times a week	04
Every day	05
Don't know	99

REMINDER -- IF MOTHER IS DECEASED, ASK F12-F15 THEN SKIP TO

F12. Is there anyone else who is like a mother to CHILD?

No	01	SKIP TO F14
Yes	02	

F13. Who is this person?

DO NOT READ LIST. CIRCLE ONE RESPONSE.

The respondent,	01
The respondent's (spouse/partner) who lives in the household,	02
The respondent's (spouse/partner) who doesn't live in the household,	03
A relative of the child who lives in the household,	04
A relative of the child who doesn't live in the household	05
A friend of the family who lives in the household, or	06
A friend of the family who doesn't live in the household	07

F14. What is the highest grade or year of regular school that CHILD's mother completed?

DO NOT READ LIST. CIRCLE ONE RESPONSE..

No formal schooling	00
Less than 8th grade	07
8th grade	08
9th grade	09
10th grade	10
11th grade	11
12th grade	12
High school diploma	13
GED	14
Some college	15
Associate's degree	16

Bachelor's degree	17
Graduate degree	18
Don't know	99

F15. Is she currently working, in school, in a training program, or is she doing something else?

DO NOT READ LIST. CIRCLE ALL THAT APPLY.

Working		01
IF YES: What is her occupation?		

Is that: Full-time	02	
Part-time	03	
Seasonal	04	
Unemployed, not looking for work		05
Looking for Work		05
Laid off		07
In School/training		08
In Jail/prison		09
In Military		10
Something Else (Please specify) _____		11
Don't Know		99

INTERVIEWER:	IF FATHER IS RESPONDENT	SKIP TO F23
	IF FATHER IS <i>NOT</i> RESPONDENT AND	
	NOT IN HOUSEHOLD	GO TO F16
	IN HOUSEHOLD	SKIP TO F21

F16. Does CHILD's father live within an hour's ride of CHILD?

No	01
Yes	02
Father is deceased	03
Don't Know	99

Ask F19 and F20, then Skip to F23

F17. Does he contribute to the financial support of the child?

No	01
Yes	02
Don't Know	99

F18. How often does CHILD see (his/her) father? Does (he/she) see him ...

READ LIST. CIRCLE ONE RESPONSE.

Rarely or never	01
Several times a year	02
Several times a month	03
Several times a week	04
Every day	05
Don't know	99

REMINDER -- IF FATHER IS DECEASED, ASK F19-F20, THEN SKIP TO

F19. Is there anyone else who is like a father to CHILD?

No	01	SKIP TO F21
Yes	02	

F20. Who is this person?

DO NOT READ LIST. CIRCLE ONE RESPONSE.

The respondent,	01
The respondent's (spouse/partner) who lives in the household,	02
The respondent's (spouse/partner) who doesn't live in the household,	03
A relative of the child who lives in the household,	04
A relative of the child who doesn't live in the household	05
A friend of the family who lives in the household, or	06
A friend of the family who doesn't live in the household	07

F21. What is the highest grade or year of regular school that CHILD's father completed?

DO NOT READ LIST. CIRCLE ONE RESPONSE.

No formal schooling	00
Less than 8th grade	07
8th grade	08
9th grade	09
10th grade	10
11th grade	11
12th grade	12
High school diploma	13
GED	14
Some college	15
Associate's degree	16

Bachelor's degree	17
Graduate degree	18
Don't know	99

F22. Is he currently working, in school, in a training program, or is she doing something else?

DO NOT READ LIST. CIRCLE ALL THAT APPLY.

Working		01
IF YES: What is his occupation?		
<hr/>		
Is that: Full-time	02	
Part-time	03	
Seasonal	04	
Unemployed, not looking for work		05
Looking for Work		05
Laid off		07
In School/training		08
In Jail/prison		09
In Military		10
Something Else (Please specify)_____....		11
Don't Know		99

F23. What is the highest grade or year of regular school that you have completed?

DO NOT READ LIST. CIRCLE ONE RESPONSE.

No formal schooling	00
Less than 8th grade	07
8th grade	08
9th grade	09
10th grade	10
11th grade	11
12th grade	12
High school diploma	13
GED	14
Some college	15
Associate's degree	16
Bachelor's degree	17
Graduate degree	18
Don't know	99

F24. Are you currently working towards any certificate, diploma, or degree?

No	01
Yes	02

F25. What language is most frequently spoken in your home?

DO NOT READ LIST. CIRCLE ONE RESPONSE.

English	01
French	02
Spanish	03
Combodian (Khmer)	04
Chinese	05
Haitian Creole	06
Hmong	07
Japanese	08
Korean	09
Vietnamese	10
Arabic	11
Other (Please Specify)_____	12

F26. What is CHILD's racial or ethnic background?

DO NOT READ LIST. CIRCLE ONE RESPONSE.

Asian or Pacific Islander	01
Black (African American; non-Hispanic)	02
White (Caucasian; non-Hispanic)	03
Hispanic (Latino)	04
Native American or American Indian or Alaskan Native	05
Other (Please Specify)_____	06

F27. In what country was CHILD born?

USA	01
Other (Please specify country)	02

F28. In what country were you born?

USA	01
Other (Please specify country)	02

F29. How many years have you lived in the United States? _____ years

G. EMPLOYMENT AND INCOME

Now, I would like to ask you some questions about the sources of income for your household. This information will remain confidential and will not be reported to any agency.

G1. Do you have any earnings from a job or jobs, including self-employment?

- No 01 **SKIP TO G4**
- Yes 02

G2. How many jobs do you have **currently**? _____ jobs

INTERVIEWER: IF MORE THAN 3 JOBS, ASK FOR JOBS WORKED MOST

G3. Is this job full-time or 30 or more hours per week; part-time or less than 30 hours per week; or seasonal or occasional during certain times of the year?

Job	Seasonal	Full-time	Part-time
(1)	01	02	03
(2)	01	02	03
(3)	01	02	03

G4. In how many of the last **twelve** months have you worked? _____ months worked

G5. Are you currently looking for (a/another) job?

- No 01
- Yes 02

G6. **Not including yourself**, how many other adults contribute to your household income? _____ adults

G7. Is CHILD covered by health insurance from any of the following sources?

READ LIST.

- | | No | Yes |
|---------------------------------------------------------------------------------------------------------|-----------|------------|
| a. Health insurance through your job(s) or the job of another employed adult?... | 01 | 02 |
| b. Health insurance purchased by you as an individual or family? | 01 | 02 |
| c. Health insurance covered by Medicaid or by another public assistance program such as a Medicaid HMO? | 01 | 02 |
| d. Health insurance covered by CHIP (Child Health Insurance Program)? | 01 | 02 |
| e. No insurance coverage at all | 01 | 02 |

G8. Do you or **any member of your household** receive any of the following other sources of household income or support?

READ LIST		NO	YES
a.	Welfare (TAN)	01	02
b.	Unemployment Insurance	01	02
c.	Food Stamps	01	02
d.	WIC--Special Supplemental Food Program for Women, Infants, and Children	01	02
	NOTE: If Yes in d.: d1. Is CHILD receiving WIC benefits?	01	02
e.	Child support	01	02
f.	SSI or SSDI	01	02
g.	Social Security Retirement or Survivor's benefits	01	02
h.	Loan repayments--for example, from friends, relatives, and so forth	01	02
i.	Medicaid or medical assistance	01	02
j.	Payments for providing foster care	01	02
k.	Energy assistance	01	02
l.	Money given to the family	01	02
m.	Education grants/assistance	01	02
n.	Other (Please specify)_____	01	02

G9. Thinking about all of the sources of income you have told me about, what was the total income for your household last month?

PROBE: Your best guess would be fine.

FAMILY	\$	
Refused	98	
Don't Know	99	

SKIP TO G11

SKIP TO G11

G10. Would you say it was . . .

less than \$250	01
between \$250 and \$500	02
between \$500 and \$1,000	03
between \$1,000 and \$1,500	04
between \$1,500 and \$2,000	05
between \$2,000 and \$2,500, or	06
over \$2,500?	07
Refused	98
Don't Know	99

Our next questions are about the place where you and CHILD live.

G11. How many times have you moved in the last year? _____ times
 moved

G12. Do you currently own your own home or apartment, pay rent, or live in public or subsidized housing?

- Owns or buying home or apartment 01
- Rents (without public assistance) 02
- Public or subsidized housing 03
- Some other arrangement 04

G13. Since CHILD was born, has your family ever been homeless or not had a regular place to live?

- No 01
- Yes 02

G14. What type of transportation do you and your family usually use when you have to go somewhere, for example, to work or school, or to shop for groceries?
 [PROBE]: What is your main method of transportation?

DO NOT READ LIST. CIRCLE ONE RESPONSE.

- Own or family vehicle 01
- Friend's or other relative's vehicle 02
- Public transportation 03
- Taxicab 04
- Walk 05
- Other (please specify) 04

G15. How far is your home from the nearest bus, train, or subway stop or station?

DO NOT READ LIST. CIRCLE ONE RESPONSE.

- One block or less 01
- Two to six blocks 02
- Seven blocks to one mile 03
- One to five miles 04
- More than five miles 05
- No public transportation in the area 06

G16. I would like to ask you several questions about whether you and your family have enough resources to meet the needs of your family as a whole, as well as the needs of individual family members. For each item that I mention, please let me know which answer best describes how well the needs are met on a regular basis in your family (that is, month-in and month-out).

QUESTION: To what extent are the following resources adequate for your family? Do you have	Rarely or never	Sometimes	Frequently or Always	Does not apply
---------------------------------------------------------------------------------------------------	------------------------	------------------	-----------------------------	-----------------------

enough ...				
a. food for three meals a day?	01	02	03	99
b. money to buy necessities (e.g. food, clothing)?	01	02	03	99
c. clothes for your family?	01	02	03	99
d. room or space in your home or apartment?	01	02	03	99
e. furniture for your home or apartment?	01	02	03	99
f. money to pay monthly bills?	01	02	03	99
g. sleep or rest?	01	02	03	99
h. time to be by yourself?	01	02	03	99
i. time to be with your child(ren)?	01	02	03	99
j. time to be with your spouse?	01	02	03	99
k. time to be with close friends?	01	02	03	99
i. time to be together as a family?	01	02	03	99
m. time to socialize?	01	02	03	99
n. toys for your child(ren)?	01	02	03	99
o. money to buy things for yourself?	01	02	03	99
p. money for travel or vacations?	01	02	03	99
q. money for family entertainment (e.g., movies)?	01	02	03	99
r. money to save?	01	02	03	99
s. to give your child(ren) all that you want to give them?	01	02	03	99
t. heat for your house or apartment?	01	02	03	99
u. medical care for your family?	01	02	03	99
v. public assistance (SSI, TANF, Medicaid, etc.)?	01	02	03	99
w. dependable transportation (own car or provided by others)?	01	02	03	99
x. telephone or access to a phone?	01	02	03	99
y. babysitting for your child(ren)?	01	02	03	99
z. child care/day care for your child(ren)?	01	02	03	99
aa. dental care for your family?	01	02	03	99

H. CHILD CARE

Now let's talk about any child care arrangements that you use for CHILD **right now**. This does not include babysitting used for social activities such as going out in the evening.

H1. Is CHILD currently in child care?

No

01

SKIP TO H11

Yes

02

H2. Where is that care provided?

**IF MORE THAN ONE CHILD CARE ARRANGEMENT, ASK ABOUT PRIMARY ARRANGEMENT.
DO NOT READ LIST. CIRCLE ONE RESPONSE.**

- At CHILD's home by a relative 01
- At CHILD's home by a non-relative 02
- In a relative's home 03
- In a friend's or neighbor's home 04
- Family day care home 05
- Other child care center/child development program 06
- At Head Start (not including time in class) 07
- Other (Please specify) _____ 08

H3. Is that person or place licensed, certified, or regulated?

- No 01
- Yes 02
- Don't Know 99

H4. How many hours a week is this care used? _____ hours per week

H5. Who pays for this child care?

READ LIST.

	NO	YES
a. Do you pay for it yourself?	01	02
b. Does a government agency pay?	01	02
c. Does an employer pay?	01	02
d. Does someone else pay?	01	02
e. Do you trade child care with someone else?	01	02
f. Is it free or no charge? (PROBE for other categories)	01	02
g. Other (Please specify)	01	02

H6. How did you first learn about this child care provider?

DO NOT READ LIST. CIRCLE ONE RESPONSE.

Referred by friend, neighbor, relative	01
Referred by a welfare or social service case manager	02
Newspaper, advertisement, or yellow pages	03
Referred by community-based agency or program	04
Referred by resource and referral agency, R&R, or I&R	05
Provider is family member	06
Already knew provider	07
Word of mouth	08
Bulletin or message board	09
Other (Please specify) _____	10

H7. Why did you decide to use this type of child care? _____

H8. What do you like about this child care? _____

H9. What do you not like about this child care? _____

H10. How satisfied (are/were) you with how easy it is to get CHILD to your child care provider?

READ LIST. CIRCLE ONE RESPONSE.

Very satisfied	01
Satisfied	02
Neither satisfied no dissatisfied	03
Dissatisfied	04
Very Dissatisfied	05

H11. If you could use any type of child care and not have to worry about how much it would cost, what type of child care arrangement would you **prefer** to use for CHILD?

DO NOT READ LIST. CIRCLE ONE RESPONSE.

CHILD's other parent or stepparent	01
Respondent's partner	02
CHILD's sibling	03
CHILD's grandparent	04
Other relative of CHILD	05
Friend or neighbor of parent	06
Other non-relative	07
Day or group care center	08
Nursery, preschool, or Head Start	09
Child cares for self	10
Respondent's work or activity at home	11
Respondent would care for CHILD at work or activity place	12
Respondent would stay at home and care for child	13
Other arrangement (Please specify) _____	14

H12. [If yes response to Q8] You mentioned earlier when we first spoke, that you had heard of Head Start. What are your impressions of Head Start?

Probe: What kind of program is it? Did you consider using Head Start? Why not?

I. FAMILY HEALTH CARE

i1. Now I'm going to ask you about your family's health care needs. Overall, would you say CHILD'S health is:...

READ LIST. CIRCLE ONE RESPONSE.

Excellent	01
Very Good	02
Good	03
Fair	04
Poor	05

i2. Does CHILD had an illness or condition that requires regular, ongoing care?

No	01
Yes	02
Don't Know	99

i3. Does CHILD have a regular health care provider for routine medical care such as well-child care and check-ups?

No	01
Yes	02
Don't Know	99

i3. Would you say your health in general is excellent, very good, good, fair, or poor?

CIRCLE ONE RESPONSE.

Excellent	01
Very Good	02
Good	03
Fair	04
Poor	05

i4. Does any impairment or health problem **now** keep you from working at a job or business?

No	01
Yes	02

SKIP TO F16

i5. Are you limited in the kind or amount of work you can do because of any impairment or health problem?

No	01
Yes	02

i6. Do you smoke tobacco such as cigarettes or cigars now?

No	01
Yes	02

SKIP TO F16b

i6a. On average, how many cigarettes do you smoke a day?

READ LIST. CIRCLE ONE RESPONSE.

Less than one cigarette a day	01
One to five cigarettes a day	02
About ½ pack a day (6-15 cigarettes)	03
About a pack a day (16-25 cigarettes)	04
About a 1 ½ packs a day (26-35 cigarettes)	05

About 2 packs or more a day (over 35 cigarettes)

06

i6b. Is there (anyone/anyone else) in your household that smokes tobacco, like cigarettes or cigars?

- No 01 **SKIP TO F17**
- Yes 02

i6c. Would that be

READ LIST. CIRCLE ONE RESPONSE.

- Less than one cigarette a day 01
- One to five cigarettes a day 02
- About 1/2 pack a day (6-15 cigarettes) 03
- About a pack a day (16-25 cigarettes) 04
- About a 1 1/2 packs a day (26-35 cigarettes) 05
- About 2 packs or more a day (over 35 cigarettes) 06

The next few questions are about drinks of alcoholic beverages. By a "drink" we mean a can or bottle of beer, a glass of wine or a wi cooler, a shot of liquor, or a mixed drink with liquor in it.

i7. Think specifically about the past 30 days – on how many days did you drink one or more drinks of alcoholic beverages?

- I have drunk alcoholic beverages but not during the past 30 days 01 _____ Days
- I have never drunk an alcoholic beverage in my life 02 **SKIP TO 18**
- Refused to answer 98 **SKIP TO 18**

i7a. On the days that you drank during the past 30 days, how many drinks did you **usually** have?

- Refused to answer _____ Drink(s) per day 98 **SKIP TO 18**

i7b. During the past 30 days, on how many days did you have 5 or more drinks on the same occasion?

By "occasion" we mean at the same time or within a couple of hours of each other.

- On the days I drank, I never had 5 or more drinks 01 _____ Days
- Refused to answer 98 **SKIP TO 18**

i8. Is there (anyone/anyone else) in your household that drinks alcohol?

- No 01 [REDACTED]
- Yes 02
- Refused 98

i8a. Would that be

READ LIST. CIRCLE ONE RESPONSE.

- Never 01
- Once or twice a year 02
- Once or twice a month 03
- Once or twice a week 04
- 3 or more times a week 05
- Daily 06

i9. Have you ever used any of the following drugs?

	No	Yes	Ref
a. Marijuana or hashish	01	02	98
b. Sedatives, tranquilizers, amphetamines without a prescription (also known as downers, uppers, speed, black beauties)	01	02	98
c. Cocaine, Crack Cocaine, or Heroin	01	02	98
d. Any other drug I didn't mention	01	02	98

i10. Now I'd like to ask about your use of drugs during the past 12 months.

Daily	Weekly	Monthly	Less Often	Not at All
01	02	03	04	05
01	02	03	04	05
01	02	03	04	05
01	02	03	04	05

i11. Is there (anyone/anyone else) in your household that uses marijuana?

- No 01 [REDACTED]
- Yes 02
- Refused 98 [REDACTED]

i11a. Would that be

READ LIST. CIRCLE ONE RESPONSE.

Daily 01

Weekly 02
 Monthly 03
 Less often 04

i12. Is there (anyone/anyone else) in your household that uses any other of the drugs we just mentioned?

No 01 **SKIP TO I 13**
 Yes 02
 Refused 98 **SKIP TO I 13**

i12a. Would that be

READ LIST. CIRCLE ONE RESPONSE.

Daily 01
 Weekly 02
 Monthly 03
 Less often 04

Now, I'd like you to think about any problems you might have had in the last twelve months when you used (alcohol/drugs/alcohol and drugs).

ONLY ASK ABOUT SUBSTANCES THAT WERE MENTIONED IN PREVIOUS QUESTIONS.

DURING THE PAST 12 MONTHS	Never	Once or Twice	Three or four times	Five or six times	More than six times	NA/Don't use drug	Ref
I 13. How many times have you or anyone in your household gotten into trouble with family or friends including a husband/wife/partner) because of the use of							
a. alcohol?	01	02	03	04	05	06	98
b. marijuana?	01	02	03	04	05	06	98
c. Other drugs?	01	02	03	04	05	06	98
I 14. How often have you or anyone in your household had problems with your physical health because of the use of							
a. alcohol?	01	02	03	04	05	06	98
b. marijuana?	01	02	03	04	05	06	98
c. Other drugs?	01	02	03	04	05	06	98
I 15. How many times have you or anyone in your household gotten in trouble with the police because of the use of							
a. alcohol?	01	02	03	04	05	06	98
b. marijuana?	01	02	03	04	05	06	98
c. Other drugs?	01	02	03	04	05	06	98

I 16. How many times have you or anyone in your household missed work or had to call in sick because of the use of							
a. alcohol?	01	02	03	04	05	06	98
b. marijuana?	01	02	03	04	05	06	98
c. Other drugs?	01	02	03	04	05	06	98

J. HOME AND NEIGHBORHOOD CHARACTERISTICS

The next questions are about situations that can be difficult for families. I'm going to ask about things that may have happened to you or others in your household. Please remember, all of your answers are held in the strictest confidence. We will not tell anyone what you

J1. For each of the following items, please tell me how often each one happened to you.

READ LIST. CIRCLE ONE RESPONSE FOR EACH.

	Never	Once	More than once	Refused
a. I saw non-violent crimes take place in my neighborhood -- for example, selling drugs or stealing.	01	02	03	98
b. I heard or saw violent crime take place in my neighborhood.	01	02	03	98
c. I know someone who was victim of a violent crime in my neighborhood.	01	02	03	98
d. I was a victim of violent crime in my neighborhood.	01	02	03	98
e. I was a victim of violent crime in my home.	01	02	03	98

J2a. I'm going to read a list of characteristics about neighborhoods. On a scale of 1-5, where 1 means "mostly false" and 5 means "mostly true", please tell me how true these statements are for your neighborhood.

	Mostly False			Mostly True	
a. My neighborhood is a good place to live.	01	02	03	04	05
b. My neighborhood is a good place to raise children.	01	02	03	04	05
c. The people moving into the neighborhood in the past year or so are good for the neighborhood.	01	02	03	04	05
d. I would like to move out of this neighborhood.	01	02	03	04	05
e. There are some children in the neighborhood that I do not want my children to play with.	01	02	03	04	05
f. The people moving into the neighborhood in the past year or so are bad for the neighborhood.	01	02	03	04	05
g. For the most part, the police come within a reasonable amount of time when they are called.	01	02	03	04	05
h. There is too much traffic in my neighborhood.	01	02	03	04	05
i. There are enough bus stops in my neighborhood	01	02	03	04	05
j. My neighborhood is conveniently located in the city.	01	02	03	04	05

k. If I had to move out of this neighborhood, I would be sorry to leave. 01 02 03 04 05

J2b. I'm going to read a list of things that some neighborhoods have. On a scale of 1-5, where 1 means "rarely" and 5 means "frequently", please tell me how often the following occur in your neighborhood.

	Rarely			Frequently	
a. Litter or trash on the sidewalks and streets.	01	02	03	04	05
b. Graffiti on buildings or walls.	01	02	03	04	05
c. Abandoned cars.	01	02	03	04	05
d. Vacant, abandoned, or boarded up buildings.	01	02	03	04	05
e. Drug dealers or users hanging around.	01	02	03	04	05
f. Drunks hanging around.	01	02	03	04	05
g. Unemployed adults loitering.	01	02	03	04	05
h. Young adults loitering	01	02	03	04	05
i. Gang activity.	01	02	03	04	05
j. Absentee landlords.	01	02	03	04	05
k. Houses and yards not kept up.	01	02	03	04	05
l. Disorderly or misbehaving groups of young children (younger than teenagers)	01	02	03	04	05
m. Disorderly or misbehaving groups of teenagers.	01	02	03	04	05
n. Disorderly or misbehaving groups of adults.	01	02	03	04	05

J3. Has CHILD ever been a witness to a violent crime?

No	01
Yes	02
Refused	98
Don't know	99

J4. Has CHILD ever been a witness to domestic violence?

No	01
Yes	02
Refused	98
Don't know	99

J5. Has CHILD ever been the victim of a violent crime?

No	01
Yes	02
Refused	98
Don't know	99

J6. Has CHILD ever been the victim of domestic violence?

No	01
Yes	02
Refused	98
Don't know	99

J7. Since CHILD was born, have you, another household member (or a non-household biological parent) been arrested or charged with any crime by the police?

No	01	SKIP TO J8
Yes	02	
Refused	98	SKIP TO J8

J7a. Who was arrested or charged?

Refused	98	SKIP TO J8
---------	----	-------------------

J7b. Did (he/she/they) spend anytime in jail?

No	01
Yes	02
Refused	98

J8. Since last spring, has CHILD lived apart from you (or mother) not including vacations or shared custody arrangements?

No	01	SKIP TO J9
Yes	02	
Refused	98	SKIP TO J9

J8a. For how long?

Refused	98
---------	----

J8b. With whom?

Refused	98
---------	----

J9. Have you ever been hit, kicked, punched, or otherwise hurt by someone within the past year?

No	01	SKIP TO J10
Yes	02	
Refused	98	

J9a. By whom?

ASK RELATIONSHIP, NOT NAME OF

J10. Do you feel safe in your current relationship?

No	01
Yes	02
Refused	98

J11. Is there a partner from a previous relationship who is making you feel unsafe now?

No	01
Yes	02
Refused	98

K. Feelings

I am going to read a list of ways you may have felt or behaved. Looking at the categories on this card, please tell me how **often** you felt this way during the **past week**.

K2. How often during the past week have you felt (**INTERVIEWER: READ STATEMENT**)--would you say: rarely or never, some of the time, occasionally or a moderate amount of time, or most or all of the time?

READ LIST. CIRCLE ONE RESPONSE FOR EACH.				
How often during the past week have you felt ...	Rarely or Never (Less than 1 Day)	Some or a Little (1-2 Days)	Occasionally or Moderate (3-4 Days)	Most or All (5-7 Days)
a. Bothered by things that usually don't bother you	01	02	03	04
b. You did not feel like eating; your appetite was poor	01	02	03	04
c. That you could not shake off the blues, even with help from your family and friends	01	02	03	04
d. You had trouble keeping your mind on what you were doing	01	02	03	04
e. Depressed	01	02	03	04
f. That everything you did was an effort	01	02	03	04
g. Fearful	01	02	03	04
h. Your sleep was restless	01	02	03	04
i. You talked less than usual	01	02	03	04
j. Lonely	01	02	03	04
k. Sad	01	02	03	04
l. You could not get "going"	01	02	03	04

Many people and groups can be helpful to members of a family raising a young child. We want to know how helpful different people and groups are to your family.

K3. Please tell me how helpful each of the following have been to you in terms of raising CHILD over the past 3 to 6 months. How helpful have (INSERT PERSON/GROUP) been? (HAVE/HAS) (PERSON) been not at all helpful, sometimes helpful, generally helpful, helpful, or extremely helpful?

READ LIST. CIRCLE ONE RESPONSE FOR EACH.				
How helpful (have/has)_____ been?	Not Very Helpful	Somewhat Helpful	Very Helpful	Not Applicable or Don't Know
a. CHILD's (father/mother/parents)	01	02	03	99
b. Grandparents or other relatives	01	02	03	99
c. Your friends	01	02	03	99
d. Co-workers	01	02	03	99
e. Professional helpgivers	01	02	03	99
g. Non-family child care providers	01	02	03	99
h. Religious or social group member	01	02	03	99
i. Anyone else (Please specify) _____	01	02	03	99

K5. I am going to read you a list of things that may affect the lives of children and families. Please think about the past year and answer yes or no for the following things. You may explain any of your answers. [Transitions] [Measuring Life Events]		
	No	Yes
a. Did you get married?	01	02
b. Did you become engaged to be married?	01	02
c. Did you get divorced?	01	02
d. Did you separate from your partner (spouse, girl/boyfriend), even though you may be back together now?	01	02
e. Did you gain a new family member (through birth, adoption, someone moving in)?	01	02
f. Did you separate from a family member (older child moved out)?	01	02
g. Has someone you were close to died or been killed?	01	02
h. Was there a major change in your living conditions (moving, remodeling, deterioration of home or neighborhood)?	01	02
i. Has your child lived with someone else at some point during the past year?	01	02
j. Has a family member had a serious illness?	01	02
k. Has a family member been jailed or in prison?	01	02
l. Has there been a change in your work (new job, lost job, change in location)?	01	02
m. Has there been a change in your partner's work (new job, lost job, change in location)?	01	02
n. Have there been any other event(s) which you think have effected you or your child in the past year?	01	02

K6. We are interested in learning how you respond when you are dealing with upsetting or bothersome events that involve your family. Please think about all the upsetting, troubling, or bothersome events that have affected your family *in the past month*. Now think about how you *usually* responded to those events. [Transitions - Carver, Shaver, & Weintraub, 1989]

In response to upsetting family events, how much did you try to . . .	Not at all	Some-what	Quite a Bit	A Great Deal
a. Let your feelings out by crying or yelling?	01	02	03	04
b. Find something funny about the situation?	01	02	03	04
c. Give up trying to reach your goals in the situation?	01	02	03	04
d. Hold back or restrain yourself until the time was right to do something?	01	02	03	04
e. Make a plan about the best way to deal with the situation?	01	02	03	04
f. Put aside other activities so you could deal with situation?	01	02	03	04
g. Take action to get rid of the problems in the situation?	01	02	03	04
h. Seek spiritual comfort by praying or meditating?	01	02	03	04
i. Take your mind off the situation by doing other things?	01	02	03	04
j. Tell someone your feelings about the situation to get some support?	01	02	03	04
k. Get some advice from someone about what to do?	01	02	03	04
l. Be alone for a period of time?	01	02	03	04
m. Think about the situation as a chance to learn or grow as a person?	01	02	03	04
n. Decide to learn to live with the situation?	01	02	03	04
o. Make jokes about the situation?	01	02	03	04
p. Think hard to come up with a strategy for the situation?	01	02	03	04
q. Seek God's help or put your trust in a higher power?	01	02	03	04
r. Think about other things so you could forget about the situation?	01	02	03	04
s. Get some understanding or sympathy from someone?	01	02	03	04
t. Talk to someone who could do something to help you?	01	02	03	04
u. Get away from everything and everyone so you could deal with this alone?	01	02	03	04
v. Help yourself feel better by using drugs or alcohol?	01	02	03	04
w. Express yourself emotions by trying to destroy something or hurt someone?	01	02	03	04

x. Think about the situation less by drinking alcohol or taking drugs?	01	02	03	04
-------------------------------------------------------------------------------	----	----	----	----

Those are all the questions I have for you. Thank you very much for your time.

INTERVIEWER: Please give respondent money, get completed receipt, tear-off last page of names and numbers and give to respondent.

Complete the evaluation pages after interview.

Attach original screener to back of questionnaire.

L. QUESTIONNAIRE EVALUATION

Please provide feedback about the interview. Include information about the question content, question flow, respondent's reaction, length of interview or anything you deem important.

A. Introduction

B. Activities With Your Child

C. Disabilities

D. Your Child's Behavior

E. Household Rules

F. You and Your Family

G. Employment

H. Child Care

I. Family Health Care

J. Home and Neighborhood Characteristics

K. Feelings

M: CONFIDENCE RATINGS

COMPLETE AFTER INTERVIEW IS CONCLUDED.

M1. Interview Completion Code:

Respondent terminated interview prematurely	01
Respondent refused interview	02
Respondent unable to respond (Please specify) _____	03
Interview completed	04

M2. Please rate the following qualities of the respondent, the interviewing situation, and the data. The Respondent (was/had):

a. Able to understand questions easily	7	6	5	4	3	2	1	Hardly able to understand
b. Truthful	7	6	5	4	3	2	1	Untruthful
c. Accurate	7	6	5	4	3	2	1	Inaccurate
d. Interested in the interview	7	6	5	4	3	2	1	Not interested in the interview20/
e. Cooperative	7	6	5	4	3	2	1	Uncooperative
f. No English language problem	7	6	5	4	3	2	1	Spoke English with great difficulty
g. Interviewed without interruption	7	6	5	4	3	2	1	Interrupted often
h. Your opinion about the overall quality of the data:								
High	7	6	5	4	3	2	1	Low

Thank you very much for your cooperation. If you have any questions about the study or the interview, you may call the following numbers:

Louisa Tarullo, Ed.D.
Administration on Children, Youth and Families
(202) 205-8324

David Connell, Ph.D.
Abt Associates, Inc.
(617) 349-2804

Robert W. O'Brien, Ph.D.
The CDM Group, Inc.
(301) 654-6740

LIST OF EXHIBITS

- Exhibit 2-1 Mean percentages (and standard deviations) across programs of children who received some services from Head Start but left the program *before* classes began or *before* receiving a home visit
- Exhibit 2-2 Mean percentages (and standard deviations) across programs of children who dropped out any time *after* classes began or *after* receiving a home visit
- Exhibit 2-3 Mean percentages (and standard deviations) across programs of children who remain in the program *less than 45 days* after enrollment
- Exhibit 2-4 Of the children who dropped out any time *after* classes began or *after* receiving a home visit, the mean percentages (and standard deviations) replaced during the program year, across programs
- Exhibit 2-5 Of the children replacing drop-outs during the program year, the mean percentages (and standard deviations) *replacing a drop out in 30 days*, across programs
- Exhibit 2-6 Reasons for Withdrawal from Head Start as Reported by Head Start Staff and Parents
- Exhibit 2-7 Satisfaction with Head Start Among Parents of Children Who Withdraw from the Program (N=156)
- Exhibit 2-8 Comparison of Reported Dissatisfaction with Head Start Among Parents of Children Who Withdrew from the Program and Those Who Remained
- Exhibit 2-9 Social Service Coordinator Responses about Waiting Lists
- Exhibit 2-10 Center Director Responses about Waiting Lists
- Exhibit 2-11 Characteristics of 3- to 5- Year-Old-Children and Their Families from the NLSY79, by Head Start Eligibility and Enrollment
- Exhibit 2-12 Characteristics of 3- to 5- Year-Old Children and Their Families from the SIPP, by Head Start Eligibility and Enrollment
- Exhibit 2-13 Characteristics of 3- to 5- Year-Old Children and Their Families from the PSID, by Head Start Eligibility and Enrollment
- Exhibit 3-1 Summary of Community Characteristics of Head Start Programs
- Exhibit 3-2 Program and Family Needs Identified in the Community Assessments
- Exhibit 3-3 Head Start Eligibility Criteria, Across Sites
- Exhibit 3-4 Topics Covered during the Administrative, Field, and Parent Focus Groups
- Exhibit 3-5 Description of Parent Participants
- Exhibit 3-6 Staff Reports of Types of Families Successfully Recruited to Head Start
- Exhibit 3-7 Staff Reports of Types of Families Who Decided Not to Attend Head Start or Dropped Out
- Exhibit 3-8 Safety Strategies Used During Recruitment
- Exhibit 3-9 Enrollment Procedures and Final Enrollment Decisions, by Head Start Program
- Exhibit 3-10 Date of Head Start Application
- Exhibit 3-11 Child Characteristics Noted on Head Start Enrollment Forms
- Exhibit 3-12 Family Characteristics Noted on Head Start Enrollment Forms
- Exhibit 3-13 Family/Child Risk Factors Noted on Head Start Enrollment Forms

Exhibit 3-14	Areas for Improvement: Statements by Agency Providers
Exhibit 3-15	Common Recruitment Strategies Reported by Community Agencies
Exhibit 3-16	Sample Dispensation
Exhibit 3-17	Summary of Discussions with Community Providers
Exhibit 3-18	Topics Covered in Parent Interview
Exhibit 3-19	Description of Parent Participants, by Site
Exhibit 3-20	Description of Type of Child Care Arrangement Used by Respondents
Exhibit 3-21	Impressions of Current Child Care Arrangements
Exhibit 3-22	Respondent's Ideal Child Care Placement
Exhibit 3-23	Respondent's Awareness and Impressions of Head Start
Exhibit 3-24	Total Family Risk Based on Kids Count Risk Factors

LIST OF ABBREVIATIONS

Abbreviation	Unabbreviated Term
AFDC	Aid For Dependent Children
CDs	Center Directors
CHIP	Children's Health Insurance Program
CPS	Current Population Survey
DHHS	Department of Health and Human Services
ECLS-K	Early Childhood Longitudinal Study - Kindergarten
FACES	Family and Child Experiences Survey
FPL	Federal Poverty Level
GED	Graduate Equivalency Diploma
NCCP	The National Center for Children in Poverty
NLSY	National Longitudinal Survey of Youth
PIR	Head Start Program Information Report
PSID	Panel Survey of Income Dynamics
SIPP	Survey of Income and Program Participation
SSCs	Social Service Coordinators
SSI	Supplemental Security Income
TANF	Temporary Assistance for Needy Families
WIC	Women, Infants, and Children